Transforming the response to domestic abuse in later life

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Foreword

Identifying abuse and getting someone the help they need can be literally life-saving, but we know that many older people experiencing abuse throughout the UK do not get the support they need.

We must use every opportunity available to us to tackle abuse, and it's crucial that practitioners are able to recognise signs and understand what support is available to protect and safeguard older people.

This comprehensive guide, which focuses specifically on older people and their needs and includes a range of useful information and guidance, will help to ensure that practitioners throughout the UK have the knowledge and understanding they need to help keep people safe, and I would urge them to use this helpful resource to support them in their work.

Heléna Herklots CBE

Older People's Commissioner for Wales

1. Introduction

This guidance was developed by research findings from the Dewis Choice initiative at the Centre for Age, Gender and Social Justice, Aberystwyth University. The guidance addresses significant gaps in knowledge, service provision and research about people who experience domestic violence and abuse (DVA) in later life.

This guidance is for the use of practitioners working in services who may come into contact with older people who experience DVA, including domestic abuse practitioners, practitioners working within criminal and civil justice, health and social care workers and anyone who would like to learn more about responding more effectively to older people who experience DVA.

1.1 The Dewis Choice Initiative

The Dewis Choice initiative was launched in Wales in 2015. Dewis Choice is a co-produced initiative consisting of a bespoke service designed by older people and a longitudinal research study, capturing the lived experiences of older people seeking help and justice.

Dewis Choice provides a dedicated 'whole family'[1] service for women and men aged 60 years and over, who have experienced DVA from an intimate partner, ex-intimate partner and/or adult family member(s). Adopting an inclusive approach, the service also supports older lesbian, gay, bisexual, trans and queer or questioning (LGBTQ) clients, and cases where DVA and dementia co-exist.

Drawing on previous research findings[2] within the United Kingdom, and developed by older people and a diverse range of professionals over a five-month period, the service element of the initiative aims to empower older victim-survivors to make informed choices about their justice options, be they civil, criminal and/or restorative. Co-production facilitated a design that is responsive to the needs of the community and compliments existing service provision.

The initiative is developed so that the service team can deliver intensive support for up to an 18-month period, to help clients recover from their abusive experiences and to promote their wellbeing. Thus, the service response includes crisis intervention and long-term intensive support that integrates prevention and recovery for older people. The service response works with older clients to improve their sense of wellbeing in the context of DVA.

The service personnel compromises of Choice Support Workers and Choice Wellbeing Practitioners with a range of expertise including Independent Domestic and Sexual Violence Advisors,[3] policing, mental health, counselling, restorative approaches, dementia and nursing. A highly qualified Choice Wellbeing

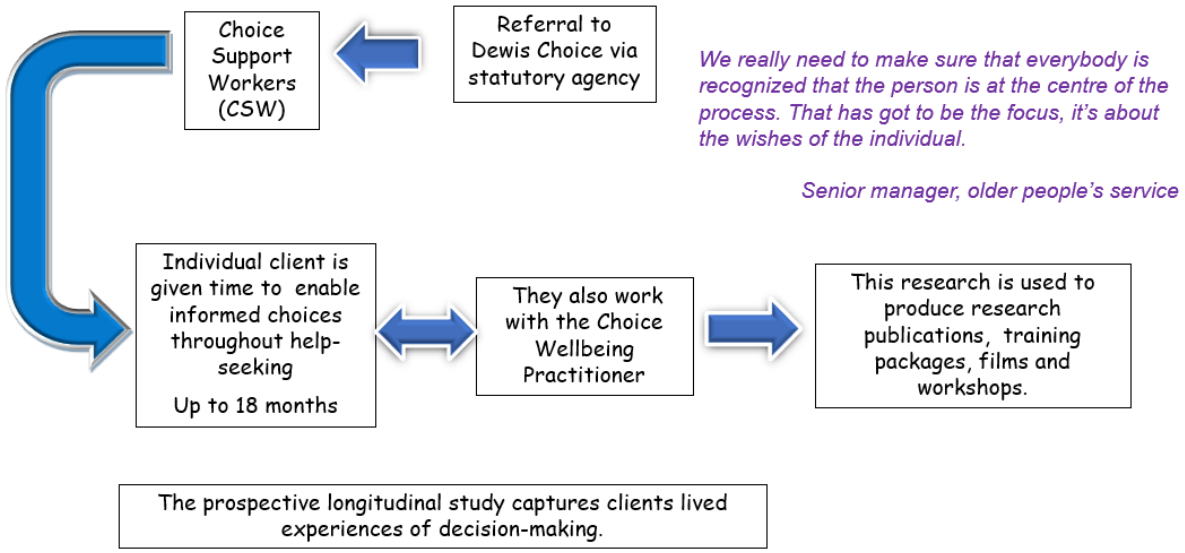
[1] A whole family service involves working with families to provide them with the tools they need to work together to achieve long-term change and recover from abuse. Unlike many whole family approaches that are focused upon a family-led strategy, the Dewis Choice service is centred upon the clients wishes and involves positive family members to support the recovery process in the aftermath of the abuse and help to rebuild relationships that may have been damaged as a result of the abuse.

[2] Wydall, S., Clarke, A., Williams, J. and Zerk, R. (2019). Dewis Choice: A Welsh Initiative Promoting Justice for Older Victim-Survivors of Domestic Abuse. In H. Bows (eds) *Violence Against Older Women, Volume II* (pp. 13-36). Palgrave Macmillan, Cham.

[3] SafeLives. (2020) Independent domestic violence advisor, [online] available at: http://www.safelives.org.uk/training/if-you-work-idva/idva-training

Practitioner, and Service Development Lead and Trainer, who holds the qualification of a Gender-Based Violence, Domestic Abuse and Sexual Violence Service Manager OCN Level 4 (National Framework Wales Grade 5) and a leadership qualification in providing a Coordinated Community Response OCN Level 4. There is also a steering group, which meets biannually to act as critical friends of the initiative. Steering group membership includes older victim-survivors, a retired Judge, a social gerontologist, leads from the police, adult safeguarding and a CEO from a specialist DVA non-government organisation. For the older people who designed the dedicated service, a fundamental aim of the provision was to be client-centred, to explore what clients did and did not want at each stage of their help-seeking.

The referral route into the Dewis Choice initiative is designed to be integrated into a coordinated community response. See below the referral pathway enabling informed consent:



Research background to the Dewis Choice Initiative

Three previous research studies undertaken by the team at the Centre of Age, Gender and Social Justice informed the decision to develop an initiative that involved co-production.

The research was as follows:

- The Evaluation of the Access to Justice Project;[4]
- A Pan-Wales Study 'Crimes against and Abuse of Older People in Wales';[5]

[4] Clarke, A., Williams, J., Wydall, S., & Boaler, R. (2012). An Evaluation of the 'Access to Justice' Pilot Project, Welsh Government, Cardiff. Accessed 10.01.2020 See link : https://gov.wales/sites/default/files/statistics-and-research/2019-08/121220accesstojusticeen.pdf

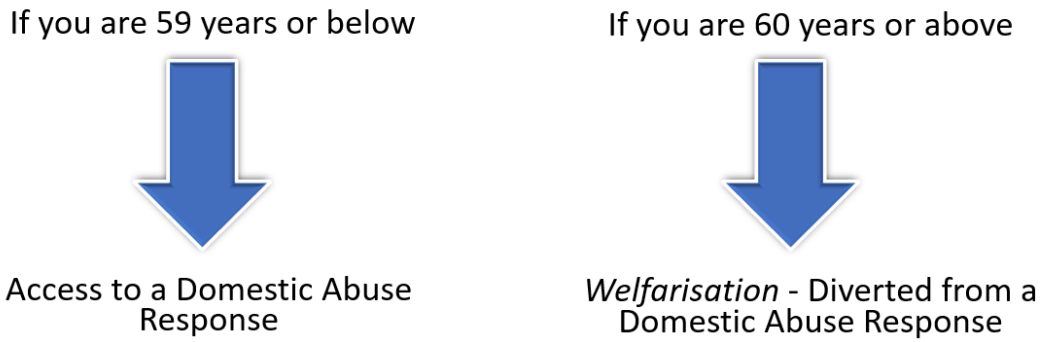
[5] Wydall, S., Zerk, R., & Newman, J. (2015). Crimes against, and abuse of, older people in wales–access to support and justice: working together. *Office of Older People's Commissioner for Wales, Cardiff*

- The OPAN study (Older People's Ageing Network). This used role play and film to explore the use of restorative approaches in cases of DVA by family members and intimate partners.[6]

The findings from these three research projects suggested that in many cases older people were not involved in the decision-making process. Often well-meaning practitioners **acted on behalf of older people** rather than creating an environment within which the older person can make a safe and informed choice.[7] In addition, the response to older people may be driven by the goals of the organisation rather than adopting a client-centred statutory approach. Such approaches result in **'welfarisation'** whereby a practitioner or group of professionals dissuade the older person from formal justice-seeking and encourage welfare support instead. Accessing justice is not only a human right but in some instances may be the only effective way of protecting the individual. Welfare support and access to criminal or civil process should not be viewed incompatible but instead mutually exclusive that can complement each other, providing this is what the older person wishes.[8]

The diagram below illustrates previous findings from the centre, showing how age discrimination leads to older victim-survivors of DVA receiving a different response from professionals when compared to their younger counterparts.

Systemic ageism – misplaced paternalism?[9]



A research finding that shaped the design of the Dewis Choice Initiative was the systemic invisibility of the older person at the centre of the process. In both the 'Evaluation of the Access to Justice Study' and the Pan-Wales research, there was no evidence in the police case files to indicate that the older person had 'a voice' in the decision-making process, or a sense of agency when help-seeking.

Informed by previous centre research findings, the two main objectives of Dewis Choice were first, to include older people in the design and delivery of the initiative, which involved co-producing a new hybrid service model that integrates justice and wellbeing. Second, to design and implement the first longitudinal

[6] Wydall, S., Clarke, A., Williams, J., & Zerk, R. (2019). Dewis Choice: A Welsh Initiative Promoting Justice for Older Victim-Survivors of Domestic Abuse. In *Violence Against Older Women, Volume II* (pp. 13-36). Palgrave Macmillan, Cham.
[7] Clarke, A., Williams, J., & Wydall, S. (2016). Access to justice for victims/survivors of elder abuse: A qualitative study. *Social Policy and Society*, *15*(2), 207-220.
[8] Wydall, S., Williams, J. and Clarke, A., 2015. Clarke, A., Williams, J, Wydall, S. (2015) 'Access to justice for victims of elder abuse' *Social Policy & Society* Cambridge Journal, pp. 1-14.
[9] Wydall, S., Clarke, A., Williams, J., & Zerk, R. (2018). Domestic abuse and elder abuse in Wales: A tale of two initiatives. *British Journal of Social Work*, *48*(4), 962-981.

study globally to examine older victim-survivor's decision-making about help-seeking and justice-seeking before, during and after a disclosure of DVA by an (ex)intimate partner and/or an adult family member.

Alongside delivering the new hybrid model, the initiative also raises awareness of DVA in later life at local, regional and national levels. Training and guidance have been delivered to 5,600 practitioners and managers across Scotland, Northern Ireland, England and Wales. Audiences are comprised of a range of services including: the third sector; health and social care; domestic abuse specialists; and criminal justice agents. Furthermore, the project engaged with over 50 local community groups, predominately involving older people, to raise the profile of DVA in later life and how to respond to disclosures.

Research findings from the four-year longitudinal study informed this practitioner guidance and specialist training. Furthermore, the findings highlighted that where older people were central to the decision-making process, the long-term outcomes were positive.

Dewis Choice research findings: de-bunking the myths about help-seeking in later life:

Intimate partner relationships – when provided with support and a range of justice and wellbeing options, the majority of older victim-survivors do choose to end the relationship with the perpetrator;

Adult family member – older victim-survivors do not always want to maintain a relationship with perpetrators who are adult children or grandchildren.

The findings above challenge the research literature commonly found within elder abuse perspectives that suggests supposed 'intrinsic vulnerabilities' of the older person associated with 'frailty, dependency and age-related factors', inhibit help-seeking. Instead, Dewis Choice research suggests that it is the 'extrinsic vulnerabilities' of older person that inhibit help-seeking i.e. a lack of appropriate service provision, that creates non-enabling environments and increases the risk of harm.

The diagram below highlights the key institutional and organisational barriers older people when seeking help and justice based on our research.

Institutional and Organisational Barriers

The next section will outline the definition of DVA and how it features in older people's intimate and familial relationships. The section will also provide a list of various domestic abuse processes and how they can support and protect older people when they are seeking help in the context of DVA.

2. What is Domestic Violence and Abuse?

The section will then provide an overview of domestic violence and abuse (DVA), and coercive or controlling behaviour in the context of later life. It will discuss the processes that are designed to support and protect victim-survivors of DVA.

2.1 Definition of domestic violence and abuse - England and Wales

The Home Office (2013) definition[10] of domestic violence and abuse is:

> Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.
>
> This can encompass, but is not limited to, the following types of abuse:
>
> • psychological
>
> • physical
>
> • sexual
>
> • financial
>
> • emotional

> **Controlling behaviour is** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

> **Coercive behaviour is** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

[10] Home Office. (2013). Domestic abuse definition [online] available at: https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas

2.2 Does domestic violence and abuse happen to older people?

Systemic ageism has resulted in a paucity of policy guidance and service provision that caters for the needs of people aged 60 years and over.[11] The Home Office definition of DVA refers to all those aged 16 years and over. Across widespread media and marketing materials DVA has been portrayed as an issue mainly affecting heterosexual, white women under the age of 60 years who have children. Resources for victim-survivors prioritise younger women, and their children, who are experiencing violence and abuse from a male partner or ex-partner.

Service provision, risk assessment tools and resources are designed to assess risk in intimate partner violence, not adult family abuse and violence; despite, the Home Office definition of DVA including family members. The national organisation 'SafeLives', which focuses on DVA victimisation, highlights that in 2016, people aged 61 years and over were *more likely* to experience abuse from an adult family member, than a current intimate partner. Research to date by Dewis Choice, has found that often statutory service providers do not recognise DVA in cases where the perpetrator is not an intimate partner; as a result, older victim-survivors are often not offered access to specialist domestic abuse resources.[12]

Research design also highlights an inbuilt ageism, for example, until 2017 the Crime Survey for England and Wales only collected data on DVA for those aged 16 to 59 years. The age limit has now increased to include those aged 60 to 74 years but still excludes those aged 75 and above.

There is significant evidence to show that **older people are as likely to experience all forms of DVA as their younger counterparts are,** but less likely to report it.[13] Research from Dewis Choice suggests that older people do not feel that current services cater for them, especially given the imagery and text used in advertising does not represents a diverse group of age-ranges and needs.[14]

2.3 Do older people experience coercive control?

The criminalisation of controlling or coercive behaviour in intimate or family relationships by section 76 of the Serious Crimes Act 2015 recognised its centrality in DVA. However, proving it to the criminal law standard of evidence is complex (see Crown Prosecution Service, 2016).[15] Stark (2012) notes that the coercive or controlling behaviour can be missed or masked by the single violent incident model, focussing on a discrete assault of physical abuse, rather than encouraging early recognition of coercive control as an ongoing pattern of abuse that is not always physical in nature.[16] Our research shows that often data

[11] Wydall, S. and Zerk, R., 2017. Domestic abuse and older people: Factors influencing help-seeking. The Journal of Adult Protection, 19 (5), pp. 247-260.
[12] Wydall, S., Zerk, R. and Newman, J. (2015). Crimes Against, and Abuse Of, Older People in Wales: Access to Support and Justice: Working Together. Older People's Commissioner for Wales.
[13] Wydall, S., Clarke, A., Williams, J. and Zerk, R. (2019). Dewis Choice: A Welsh Initiative Promoting Justice for Older Victim-Survivors of Domestic Abuse. In Violence Against Older Women, Volume II (pp. 13-36). Palgrave Macmillan, Cham.
[14] Wydall, S. & Freeman, E. (2019). Older People and Domestic Violence and Abuse Domestic Violence in Health Contexts: A Guide for Healthcare Professionals. McGarry, J. & Ali, P. (eds.). Switzerland: Springer Nature
[15] Crown Prosecution Service (2016) Guidance on Controlling or Coercive Behaviour in an Intimate or Family Relationship [online] available at: https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship
[16] Stark, E., 2012. Looking beyond domestic violence: Policing coercive control. Journal of Police Crisis Negotiations, 12(2), pp.199-217.

management systems are not conducive for identifying patterns of behaviour, leading to an incident based approach to responding to DVA.[17]

Coercive control is often a feature in older people experiencing abuse from an intimate partner but also occurs in abuse from adult family members. However, awareness raising campaigns on the introduction of the new offence focused primarily on heterosexual younger people in intimate partner relationships, rather than highlighting coercive or controlling behaviour across the life course that can be perpetrated both by men and women, and occur within all familial relationships.

> *"You know domestic abuse is not just about violence, it's about coercive control, it's about financial control, it's about psychological, emotional, and it may also involve violence. But first and foremost, domestic abuse is about control. You know. Violence might be one of the mechanisms of control. But it's just a mechanism. It's about power."*
>
> *Penny 63, Dewis Choice client*

An older person may have experienced coercive control for decades in an intimate relationship, significantly influencing their sense of self-identity and confidence in their ability to make decisions for themselves.

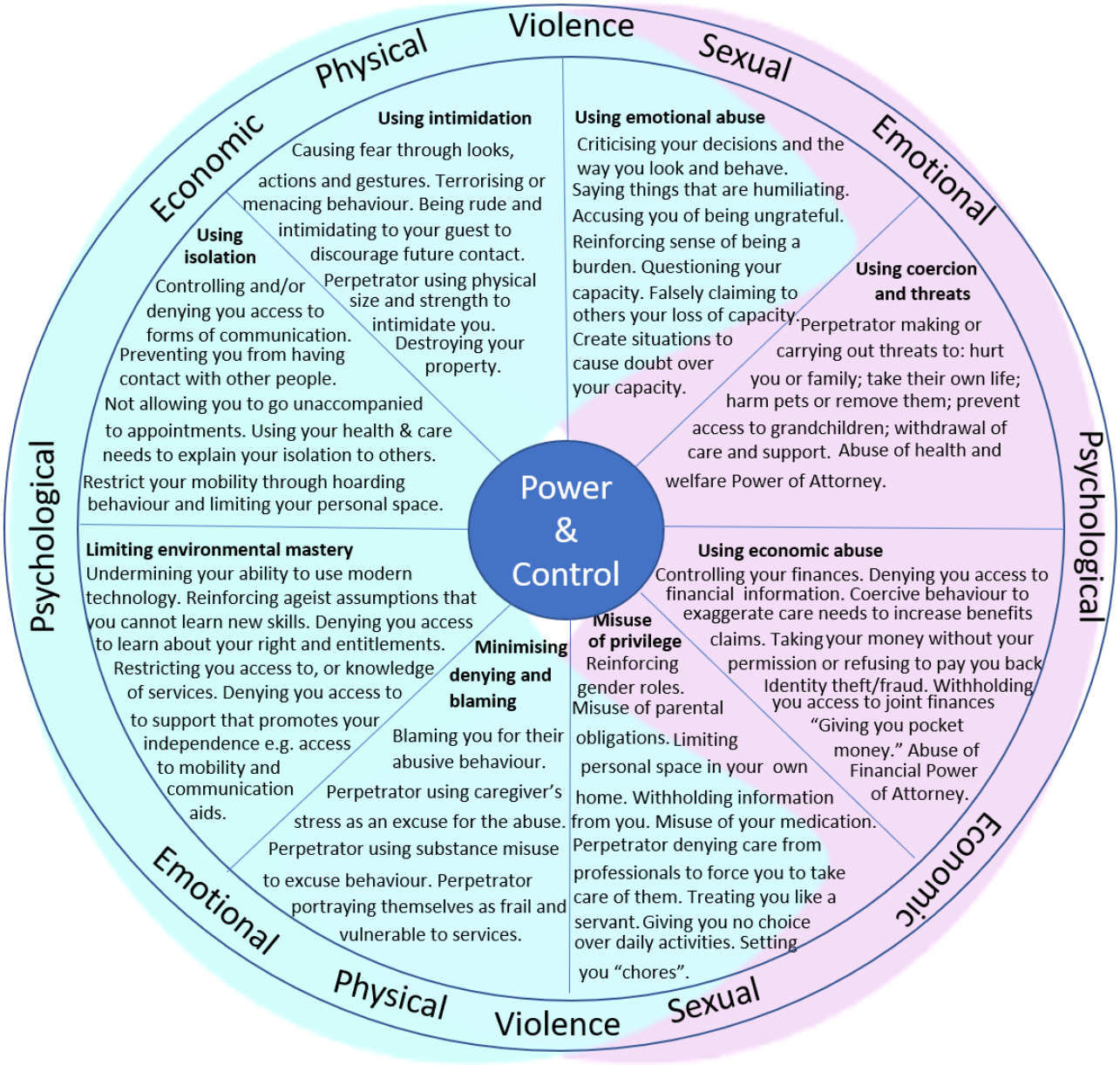
Perpetrators who use coercive and controlling behaviours can affect all areas of an individual's life. Perpetrators often target aspects of the person's identity where it will achieve maximum impact on the person's sense of self. For an older person, age-related factors such as, health conditions, disability, care needs and levels of social contact can be manipulated by an abusive partner and/or family member to increase their control and the victim-survivor's dependency on them. Where the threat of physical violence is a feature, levels of fear can increase with age as an individual becomes aware they are less able to withstand a physical assault.

Ageist stereotypes of ageing can mask coercive control, for example, withdrawing from social contact is misconstrued as a natural sign of ageing. Abusive tactics can include 'gas-lighting', a term used to describe perpetrators manipulating the older person by psychological means to doubt their own sanity and mental capacity. Perpetrators seek to encourage practitioners to also question an older person's mental capacity to gain greater control over the older person's decision-making, which may lead to practitioners not recognising signs of coercive control.

A diagnosis of dementia can be used to further abuse and control, through questioning an individual's account of experiences and enforcing fears that they will not be believed if they disclose DVA. A partner or family member can abuse their position as carer for the older person, speaking on their behalf, undermining the older person's confidence and restricting the older person's time alone with practitioners.

[17] Wydall, S., Zerk, R. and Newman, J. (2015). Crimes Against, and Abuse Of, Older People in Wales: Access to Support and Justice: Working Together. Older People's Commissioner for Wales.

Opposite is an adapted version of the Duluth Wheel that illustrates older victim-survivors experiences of DVA. The Wheel has been developed based on the lived experiences of over 90 victim-survivors that engaged with the Dewis Choice Initiative.



2.4 Ignored, invisible and overlooked - Older people as victim-survivors of domestic violence and abuse

As noted previously, older people are rarely portrayed in the media as victim-survivors of DVA. Awareness raising campaigns have traditionally been targeted at young white women, often with small children, experiencing physical violence perpetrated by a current intimate partner.

As a result:

- Domestic abuse service provision has not been designed with the needs of older victim-survivors of DVA in mind;
- Older women and men may not identify themselves as victim-survivors of DVA which creates an additional barrier to accessing support;
- Practitioners may not identify older people as victim-survivors of DVA, therefore may not offer support and access to the domestic abuse services and resources available as they do with younger people;
- Service providers may not understand how to engage with, and support older people who experience DVA;
- DVA perpetrated by a family member, for example, an adult child or grandchild, sister or brother, may not be recognised as domestic abuse, especially where there is a **co-existence of dementia and DVA.**

2.5 When an older person experiences domestic violence and abuse, is it always an Adult Safeguarding issue?

The research findings from Dewis Choice highlight how practitioners often feel confused about the terms elder abuse and domestic abuse which can lead to an older person being referred through an Adult Safeguarding route, which may not be appropriate for them.[18] A person may, or may not, meet the criteria for an Adult Safeguarding response, depending on their circumstances (see Adult Safeguarding section). Even when an older person does meet the criteria for an Adult safeguarding response they can choose to refuse one. An older person in receipt of support from local authority Adult Safeguarding for DVA can still benefit from, and should be offered access to, specialist domestic abuse support and resources, regardless of their age.

2.6 Specialist domestic abuse practitioners

[18] Clarke, A., Williams, J. and Wydall, S., 2016. Access to justice for victims/survivors of elder abuse: A qualitative study. *Social Policy and Society*, *15*(2), pp.207-220.

Dewis Choice – a dedicated response

The Dewis Choice Initiative provides a dedicated service for all older people aged 60 years and over, including lesbian, gay, bisexual, trans, queer or questioning gender or sexuality (LGBTQ) and those living with dementia in two pilot areas, Carmarthenshire and City of Cardiff. The service offers intensive long-term support to an older person who has experienced DVA, offering a whole family approach (including a family of choice), where appropriate. The service comprises Independent Domestic and Sexual Violence

Advisors (ID(S)VA), trained Family Group Conference practitioners, Dementia Champions and a Mental Health specialist. The service lead is a Gender-Based Violence, Domestic Abuse and Sexual Violence Service Manager OCNIR level 4 (National Framework Grade 5) and trained counsellor. Outreach support is provided via telephone and home visits if the individual would prefer and it is safe to do so.

Third sector domestic abuse organisations

Practitioners in domestic abuse organisations should provide a range of support for victim-survivors of DVA, irrespective of age. Whilst some services specialise in support for females only, many services now offer support to both females and males. There are also specialist domestic abuse services that provide dedicated support to victim-survivors from diverse ethnicities or LGBTQ groups (see useful helplines). Broadly speaking domestic abuse practitioners can offer safety planning, emotional support, help with accessing housing and legal services, and support with recovery following abuse. Third sector domestic abuse services can offer short, medium and long-term support.

Risk Assessment

Risk assessment is key to safety planning. The Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification Checklist (DASH RIC)[19] tool aids specialist safety planning and enables assessors to discuss with clients the involvement of specialist advocates (IDVAs or ISVAs see below). The risk assessment score facilitates access to a wide range of specialist domestic abuse resources, especially in high-risk cases and is an important resource for social workers,[20] police and other services. Clarke el al. (2012) found that for older people, the DASH RIC was not used to its full advantage when accessing the risk of older victim-survivors.[21] Furthermore, our research demonstrates in many local authority areas, adult social workers tended to use familiar in-house responses (i.e. the Risk Assessment Recording Sheet) and did not see the value of the DASH RIC for older people.[22] Thus, older victim-survivors are denied access to specialist domestic abuse services because the two systems worked in parallel rather than being integrated. Domestic abuse practitioners believe that by not employing the DASH RIC, opportunities to detect domestic abuse could be missed, which could have devastating consequences for victim-survivors.[23]

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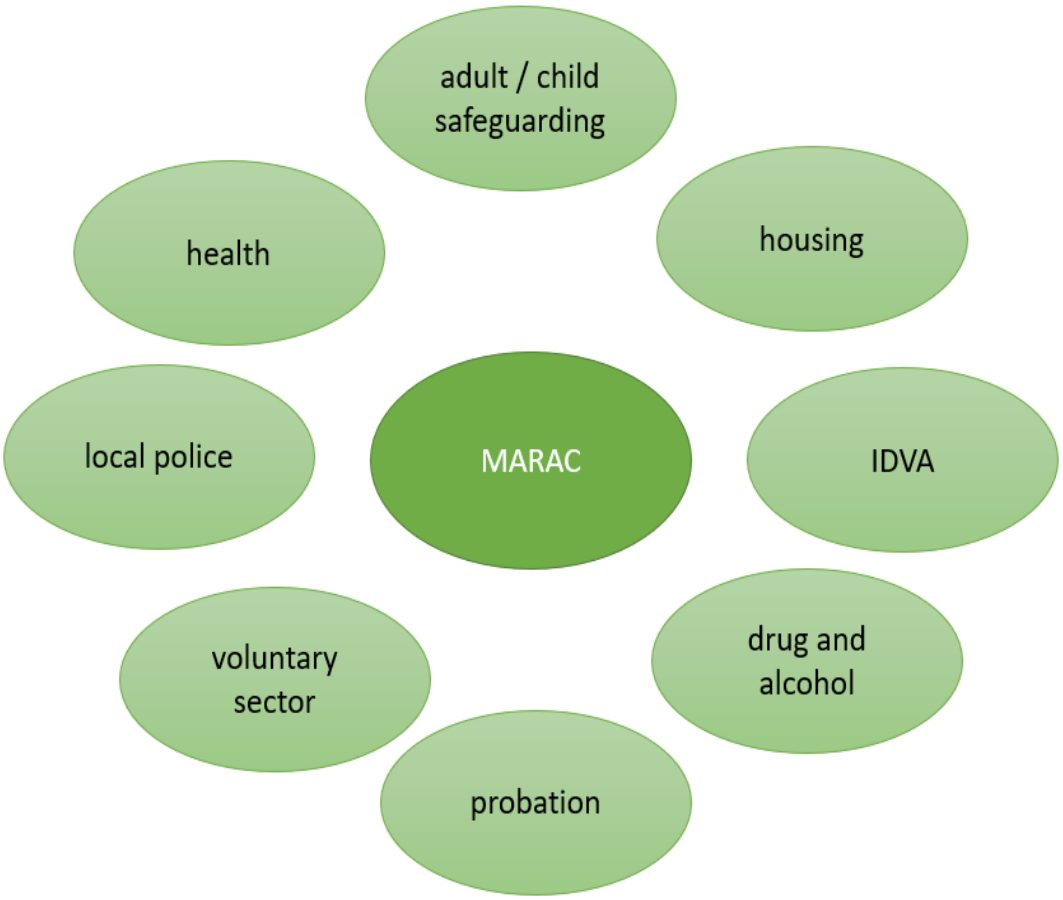
[19] SafeLives. 2014. SafeLives Dash Risk Checklist for the Identification of High-Risk Cases of Domestic Abuse, Stalking and 'Honour'-Based Violence.
[20] Robbins, R., Banks, C., McLaughlin, H., Bellamy, C. and Thackray, D., 2016. Is domestic abuse an adult social work issue? *Social Work Education*, *35*(2), pp.131-143.
[21] Clarke, A., Williams, J., Wydall, S. and Boaler, R. (2012) An Evaluation of the 'Access to Justice' Pilot Project, Cardiff: Welsh Government
[22] Wydall, S., Zerk, R., & Newman, J. (2015). *Crimes against, and abuse of, older people in wales–access to support and justice: working together.* Office of Older People's Commissioner for Wales, Cardiff.
[23] Sharps-Jeffrey, N., & Kelly, L. (2016). *Domestic homicide review (DHR) case analysis: Report for standing together*. London, UK: Standing Together and London Metropolitan University. Retrieved from

Independent Domestic Violence Advisors / Independent Domestic Abuse Advisors

Independent Domestic Violence Advisors **(IDVA/IDAA's)** support victim-survivors of DVA who are assessed as at high risk of serious harm using the DASH RIC tool. The IDVA is as an independent person whose role is primarily to support high-risk victim-survivors of DVA to reduce their risk, but also to safety plan and support the victim-survivor with criminal and civil procedures. IDVA's will often represent high-risk victim-survivors of DVA at a Multi-Agency Risk Assessment Conference (MARAC). IDVA's generally offer crisis intervention and short to medium term support.

2.7 Multi-Agency Risk Assessment Conference (MARAC)

Multi-Agency Risk Assessment Conferences (MARAC's) are multi-agency meetings, attended by representatives from local statutory and voluntary agencies who regularly come into contact with victim-survivors of DVA, their children and perpetrators. MARAC's are held in most local authority areas either weekly or fortnightly and information is shared across organisations, with the aim to better protect victim-survivors from DVA. A cross-section of agencies who attend the meeting are shown in the diagram below:



Based on the information shared at a MARAC, the representatives will form a plan of actions tailored to reduce the risks identified to the victim-survivor and their children were applicable. Data from SafeLives

highlights the effectiveness of victim-survivors receiving support from an IDVA through the MARAC process, with 63% of 3,672 victim-survivors being assessed as having reduced risk of serious harm or homicide. However, SafeLives data looking at 2018-2019, found only 3% of those accessing IDVA services and supported by the MARAC model, were over 60 years of age.[24]

2.8 A Coordinated Community Response[25]

The Evaluation of the "Access to Justice" Pilot Project recommended a multi-agency approach for older people experiencing DVA, with statutory and third sector organisations providing a coordinated community response.[26] Hence, the Dewis Choice service is built into an existing safeguarding infrastructure, whereby should the risk increase from standard or medium-risk to high-risk, clients can be referred to IDVAs dealing with high-risk cases and the adult safeguarding team. Currently, access to IDVA's is limited to those considered high-risk on the DASH RIC assessment and therefore those who are regarded as standard to medium risk typically do not engage with the MARAC or IDVA process.

Coordinated community responses are crucial for all older victims-survivors of DVA whether they are deemed at high-risk, for example, through the MARAC model above, or at standard risk and as an early intervention, through a range of agencies. Older people engaging with support from Dewis Choice have benefitted from a coordinated community response involving a variety of agencies including adult safeguarding, health, mental health, housing, occupational therapy, specialist services that support older people and holistic cancer support.

Adopting a coordinated community response involves an application of a victim-centred strategy. Similar to the IDVA role, the Dewis Choice Support Workers acted as a key point of contact for the older person and other organisations working to support and protect the older client. The Dewis Choice Support Worker engaged with a number of organisations to safety plan, offer a range of justice and wellbeing options, and ensure the older person was at the centre of the decision-making. The Choice Support Workers also worked with partner organisations to hold perpetrators to account and disrupt perpetrator behaviour balancing the older person's wishes with statutory obligations to protect victim-survivors of DVA. In addition, the Choice Wellbeing Practitioner identified strengths within the older person that could be utilised to promote safety and enhance wellbeing. Where desired, the Choice Wellbeing Practitioner helped to create a network of support for victim-survivors to aid in their recovery journey.

The following section provides an insight into Deborah's help-seeking journey, a case that falls outside 'the public story of DVA', providing an example of adult violence abuse. Deborah engaged with the Dewis Choice service and received intensive support. Deborah also shared her lived experiences of help-seeking with the researcher on Dewis Choice. This is an example of an effective coordinated community response to domestic abuse in later life.

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[24] SafeLives. (2019). *Insights Idva England and Wales dataset 2018-19 Adult Independent domestic violence advisor (Idva) services* [online] available at: http://safelives.org.uk/sites/default/files/resources/Idva%20NDS%20201819.pdf

[25] Pence, E. and McMahon, M., 1997. A coordinated community response to domestic violence. *Unpublished manuscript, Duluth Domestic Abuse Intervention Project, Duluth, MN*.

[26] Clarke, A., Williams, J. and Wydall, S., 2016. Access to justice for victims/survivors of elder abuse: A qualitative study. *Social Policy and Society*, *15*(2), pp.207-220.

3. Deborah's Story – An Example of a Coordinated Community

The following case study, demonstrates the effectiveness of a pro-active coordinated community response, combining domestic violence and abuse (DVA), health and social care, and housing service providers.

A coordinated community response to adult family violence and abuse – Deborah

A Community Practice Nurse (CPN) referred Deborah, aged 75-years-old to Dewis Choice. Deborah has three sons, she disclosed to the nurse she was experiencing financial abuse from her eldest son. According to the CPN, Deborah had moved into the local rural area to live with her eldest son two years ago. Prior to this, Deborah had lived with her youngest son and his wife. Deborah had been attending the community hospital for support with mobility and diabetes.

What staff did:

- The CPN **recognised that Deborah was experiencing DVA** from her eldest son and contacted Dewis choice for advice;
- The CPN **explained** to Deborah how the behaviour she was experiencing was not acceptable and shared the support she could gain from Dewis Choice. The CPN a**sked for Deborah's permission** to refer her to Dewis Choice;
- The CPN **arranged for Deborah to meet the Dewis Choice Support Worker at the community hospital,** so her son was not aware Deborah was meeting with a DVA advisor.

What happened next?

Deborah met the Choice Support Worker and disclosed she had also experienced DVA from her youngest son and daughter-in-law during the ten years she had lived in the house with them. During this period, Deborah had paid to have an annex built onto their home for her to live in.

Deborah's story

The DVA tactics by the son and daughter-in-law began when Deborah had moved into the annex. Deborah's son and daughter-in-law had taken control of Deborah's finances, denying her access to her pension and disability benefits. Deborah's daughter-in-law had been emotionally abusive and used coercive and controlling tactics to inhibit all aspects of Deborah's daily life. These tactics included, dictating when Deborah could go to bed and get up in the morning, and when and what she could eat. Deborah also had no privacy or control over her personal space. When Deborah expressed her concerns to her eldest son, he persuaded her to move in with him. However, he immediately took control of Deborah's bank account, and claimed carer's allowance for Deborah even though he did not provide any care for Deborah.

Client-centred approach

The Choice Support Worker explored Deborah's options with her and Deborah identified she wanted to live independently, but remain in the local area as she had supportive networks within the local community.

Coordinated community response – A good practice example.

The Choice Support Worker worked with the CPN to form a coordinated community response with Health, Occupational Therapy, Housing, Social Services and Benefits advisors. The multi-agency team worked together to support Deborah's application for housing, ensuring she was recognised as having homeless status as she was fleeing DVA. Deborah was allocated sheltered housing and an occupational therapy assessment was arranged to ensure it was suitable.

The Choice Support Worker and Choice Wellbeing Practitioner worked with Deborah to design an **individualised safety plan.** This safety plan took account of her mobility and health needs, ensuring Deborah always had enough money for a taxi, a charged mobile phone with emergency contact numbers, and carried a small supply of her medication. With Deborah's permission, **the plan was shared with health practitioners,** with whom she was in regular contact, and Deborah's middle son, whom Deborah identified as a safe family member.

The next steps.

Deborah's move was carefully managed and once she was settled in her new home, she felt **ready to explore justice options with the Choice Support Worker**. Deborah also wanted help to go through her financial records to assess the extent of the financial abuse before deciding whether to report to police. Deborah asked for help arranging a solicitor's appointment to see if she could recover the money she had spent on the annex to her youngest son's home.

Reflecting on the process, the CPN explained she initially had reservations around Deborah living independently and was surprised by the subsequent improvement in her mobility since being involved with the Dewis Choice Initiative. Deborah became actively engaged in several community groups and demonstrated increased confidence in managing her home and finances. The diabetic nurse reported that Deborah was managing her diabetes more consistently than over the past two years.

Whilst adopting a client-centred approach can be challenging for practitioners, making choices on behalf of older people often results in very poor outcomes,[27] further disempowering them and removing, just as the perpetrator has, their sense of autonomy and agency. Ensuring client-centred principles is particularly relevant when there is a care dynamic.

The next section will explore how DVA may present across differing relationship typologies, for example, intimate partner violence or adult family violence. It is crucially important in cases involving older people, that adult family violence and abuse are not 'welfarised' and that victim-survivors in this context has full and equal access to DVA resources. The approach adopted highlights a need to change the response by professionals by recommending a shift away from viewing DVA as a single incident, towards a wider understanding that DVA is a pattern of violence and abuse, including coercive and controlling behaviours.

[27] Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R., 2012. An Evaluation of the 'Access to Justice' Pilot Project. Welsh Government: Cardiff.

4. Domestic Violence and Abuse including Adult Family Violence

In later life, perpetrators of domestic violence and abuse (DVA) may be intimate partners, ex-intimate partners, and/or family member(s). Mirroring the findings from 'SafeLives',[28] a national organisation leading on DVA, older people referred to the Dewis Choice Initiative were more likely to experience abuse from an adult family member, than a current or ex-intimate partner.

Research undertaken by the Centre for Age, Gender and Social Justice has found that often service providers do not recognise DVA in cases where the perpetrator is not an intimate partner; as a result, victim-survivors are not offered access to specialist domestic abuse resources.[29] Sadly, the current knowledge base on DVA and coercive and controlling behaviour perpetrated by non-intimate family members in later life is extremely limited. For example, the risk of harm from family perpetrators cannot be fully measured using the specialist domestic abuse assessment tool, the DASH RIC[30] as it has been designed for younger age groups and intimate partner violence, not adult family violence and abuse. In addition, DVA pathways and processes such as the multi-agency risk assessment conference (MARAC),[31] rarely engage with older people where the perpetrator is a family member.[32]

Although women are more likely to experience DVA than men, the proportion of men experiencing DVA increases as they get older. According to SafeLives, the number of male victim-survivors rises from 4% in age groups 16 to 60 years, to 21% when looking at those aged 61 years and over.[33] Similarly, our Access to Justice Evaluation identified that in a small concentrated area involving a sample of 131 case studies, 27% of cases involved a male victim.[34] Between 2016-2020 there has been a steady increase in referrals for older male victim-survivors of DVA to the Dewis Choice Initiative, to date nearly one third of all our referrals to Dewis Choice are male clients. The increase in service uptake is, in part, due to the Dewis Choice training programme engaging with community-based practitioners to raise awareness about who is affected by DVA in later life.

4.1 Relationship typologies

The following relationship typologies outline the variety of family dynamics in the context of DVA, including that of care-giver stress in later life and discuss how the differing relationships may impact on help-seeking

[28] SafeLives. (2016). *Safe Later Lives: Older people and domestic abuse* [online] available at: http://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse
[29] Clarke, A., Williams, J., Wydall, S. and Boaler, R. (2012) An Evaluation of the 'Access to Justice' Pilot Project, Cardiff: Welsh Government. Wydall, S., Zerk, R., & Newman, J. (2015). *Crimes against, and abuse of, older people in wales–access to support and justice: working together.* Office of Older People's Commissioner for Wales, Cardiff.
[30] SafeLives. 2014. SafeLives Dash Risk Checklist for the Identification of High-Risk Cases of Domestic Abuse, Stalking and 'Honour'-Based Violence.
[31] Multi-Agency Risk Assessment Conference, for more information see: http://www.safelives.org.uk/practice-support/resources-marac-meetings
[32] Wydall, S. (2020) forthcoming Dewis Choice: A longitudinal study of domestic abuse in later life - Research Report
[33] SafeLives. (2016). *Safe Later Lives: Older people and domestic abuse* [online] available at: http://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse
[34] Clarke, A., Williams, J., Wydall, S., & Boaler, R. (2012). An Evaluation of the 'Access to Justice' Pilot Project, Welsh Government, Cardiff. Accessed 10.01.2020 See link : https://gov.wales/sites/default/files/statistics-and-research/2019-08/121220accesstojusticeen.pdf

behaviours. These typologies are drawn from the longitudinal study and are based on the lived experiences of the clients who engaged with the Dewis Choice service.

Intimate partner violence and abuse

Clients in this category have been in a long-term relationship, where DVA may have been present from the point of commitment throughout the course of the relationship. Perpetrator's tactics may change in nature and fluctuate over time. **For practitioners it is important not to discriminate on account of age, especially when assessing the potential of physical and sexual violence.** Practitioners should not make assumptions about the type, nature and severity of DVA, instead they should accept that the older person may be experiencing all forms of DVA even if not disclosed on initial assessments. Dewis Choice research has found that older victim-survivors may take longer to disclose certain forms of abuse i.e. sexual abuse.

Intimate partner violence – DVA that escalates with age

In this type of intimate partner relationship, at first, DVA carried out by the perpetrator may not have been apparent; however, there may have been an indication of controlling and coercive behaviours. The perpetrator's abusive behaviour may escalate due to retirement and the couple spending more time together, or a perpetrator sensing a loss of control, with their own deteriorating health or disability, or the victim-survivor experiencing ill health.

Intimate partner violence – A new relationship

DVA can occur in a new relationship for older people as it can for younger people. Clients receiving support from Dewis Choice reported abusive behaviour starting shortly after moving in with a new partner. As with younger age-groups, negative perpetrator behaviours often emerge at the point of commitment, such as jointly purchasing property with a new partner. The act of relocation to a new area provides opportunities for perpetrators to deliberately isolate, as the victim-survivor is removed further away from sources of support including family, friends and community groups.

Ex-intimate partner violence

As with younger cohorts, older people may experience DVA from an ex-partner, including being subjected to stalking and harassment behaviours. Clients engaging with the Dewis Choice service have reported experiencing serious forms of stalking and harassment from older ex-intimate partners. The longitudinal research indicates that in the context of ex-partner violence and abuse, the majority of older clients felt that police officers had not taken their fears for their safety seriously based on the perpetrators age and presentation of vulnerability. The research with the service team and the clients shows that older perpetrators often present to services as frail and vulnerable. This is a deliberate attempt by older perpetrators to mislead professionals that they are not dangerous, unfortunately this is not the case.

A significant proportion of Dewis Choice clients report that at point of separation, they begin to experience additional abuse from wider family members who collude with the perpetrator, this was especially true in reconstituted families. [35]

Adult family violence and abuse – an adult son or daughter

An older person can experience DVA from an adult son or daughter who may, or may not, be living in the same home. DVA from an adult child can include similar types of abusive behaviours as intimate partner relationship including: physical, emotional, financial, economic, psychological, sexual abuse, and coercive or controlling behaviour.

In cases of adult family violence and abuse, an older victim-survivor's *dependency* on the perpetrator has been recognised as a significant factor in how and when a victim-survivor seeks help.[36] Our research has found that there may be an *interdependency*, where the perpetrator may also be dependent on the victim-survivor, a finding that is not always acknowledged within the literature.[37] For example, financial and emotional abuse can occur where an adult son with a substance misuse problem is dependent on their parent financially and the parent is dependent on the adult son for care.[38] For victim-survivors, parental responsibility to help their adult child with an addiction can supersede their needs and rights as an individual to seek help for themselves.[39] From the victim-survivors perspective, any attempt to criminalise the abusive adult child may lead to a loss of contact with the wider family.[40]

"think about it…how much abuse would you tolerate from your adult son before you told anyone… I know I would tolerate a great deal before I reported it to anyone…"

Advocate for Older People

DVA from an adult grandchild

In some circumstances, an older person can be the target of DVA from a grandchild. In this case, the behaviour may begin when an older person has taken parental responsibility for a grandchild following a breakdown in the grandchild's relationship with their parents. A grandparent may feel a sense of

[35] A reconstituted family is a term used to describe families who are joined together after one or both partners have divorced from their previous partners.
[36] Kurrle, S.E., Sadler, P.M. and Cameron, I.0., 1992. Patterns of elder abuse. Medical Journal of Australia, 157(10), pp.673-676.
[37] Steinmetz, S.K., 1988. *Duty bound: Elder abuse and family care*. Sage Publications, Inc.
[38] Clarke, A., Williams, J. and Wydall, S., 2016. Access to justice for victims/survivors of elder abuse: A qualitative study. *Social Policy and Society*, *15*(2), pp.207-220.
[39] Spangler, D. and Brandl, B., 2007. Abuse in later life: Power and control dynamics and a victim-centered response. Journal of the American Psychiatric Nurses Association, 12(6), pp.322-331.
[40] Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R. 2012. An Evaluation of the 'Access to Justice' Pilot Project. Cardiff, Welsh Government.

ambivalence i.e. expressing that they want the grandchild to move out of their home, whilst also not wishing their grandchild to feel rejected.[41]

Multiple family perpetrators

Older people can experience DVA from multiple family members, either historically or concurrently.[42] Individuals supported by Dewis Choice have also reported experiencing DVA from both the son and daughter-in-law simultaneously. In some circumstances the abuse may be led by the son, whilst in other cases daughter-in-law's have instigated the DVA. In these cases, clients report coercive and controlling behaviours, financial, physical and emotional abuse from more than one adult child. Workers from Dewis Choice have also supported older clients that have move from one household where they were experiencing abuse from an intimate partner, to another household where they are experiencing DVA from an adult child.

Families of choice- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)+

For those who are LGBTQ+, family members may consist partly, or entirely as a 'family of choice', i.e. developing close bonds with people who are not related biologically or through marriage. People may form a variety of relationships mirroring traditional biological relationships, such as siblings, parent to child, or grandparent. When violence and abuse occur within a family of choice, it is often not recognised as DVA, so can fall outside the remit of the majority of services.

Having an awareness and understanding of the range of relationships where DVA occurs can help practitioners recognise and respond proactively to DVA. Health and Social Care practitioners working closely with Dewis Choice Support Workers have described how their increased knowledge has helped them identify DVA in their work with older people.

"I am seeing it [coercive control] everywhere. It must have been there before but, I think, now I know, I just see it."

Community Healthcare Practitioner

Intimate partner/adult family member – Carer-giver stress

In some cases, partners and family members can unintentionally harm those they care for, due to a lack of understanding of the care needs of an individual, or through an inability to cope with providing care. Even when abuse is unintentional, it can still have a considerable and lasting impact on the older individual in

[41] Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R. 2012. An Evaluation of the 'Access to Justice' Pilot Project. Cardiff, Welsh Government.
[42] ibid

terms of unmet needs, physical and emotional harm and distress. Where genuine care-giver stress occurs, additional support and respite may help resolve the situation.

Practitioners should never presume harm caused by a care-giver is unintentional and always explore the possibility that the relationship may have always been coercive, controlling and abusive, with the abuse coming to the attention of services because of increased care needs. Our earlier research found evidence of abusive behaviour shifting from unintentional to intentional over time.[43] Whether the abuse is intentional or unintentional, the older person may find it harder to disclose and seek help through fears of exposure to increased risk of harm, loss of care or feeling disloyal to the person in the caring role.

Intimate partner violence and abuse – A change in behaviour due to a brain condition

A relationship that was once positive can dramatically alter when a partner or family member develops a condition affecting their brain. Dementia, caused by diseases of the brain, can create changes in a person's mood and behaviour leading to verbal or physical aggression.[44] In this instance, the causal nature of the abuse is different, even though the behaviours may present as DVA. It is important to understand the complexity of the care dynamic in this instance and be aware that the target of the abuse, the older person, may be more tolerant of the behaviour because it is viewed as unintentional, which places them at a greater risk than they might if they felt the behaviour was intentional.

Research suggests that older people place considerable emphasis on having family and friends in close proximity.[45] Thus, older people may place greater importance on family ties, particularly ties involving their adult children. Whilst the longitudinal study from the Dewis Choice Initiative highlights that **older people choose to leave an intimate partner when they are in a position to make fully informed choices**, with adult family DVA older people's priorities vary according to the level of social networks available to them beyond the family group. What is apparent is that for older people engaging with support from Dewis Choice, there are benefits to utilising a coordinated community response, combining a domestic abuse response with healthcare, housing, police, safeguarding, social care and additional support from a range of third sector organisations. A key factor identified in the effectiveness of coordinated community response is the consistent support of a practitioner to act as point of contact for the older person when help-seeking.

This section has drawn attention to the diversity of older victim-survivors who are rarely depicted in marketing imagery or awareness raising campaigns about DVA. For those who fall outside 'the public story

[43] Clarke, A., Williams, J., Wydall, S., & Boaler, R. (2012). An Evaluation of the 'Access to Justice' Pilot Project, Welsh Government, Cardiff. Accessed 10.01.2020 See link : https://gov.wales/sites/default/files/statistics-and-research/2019-08/121220accesstojusticeen.pdf

[44] Alzheimer's Society. 2019. *Aggression and dementia* [online] available at: https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/aggression-and-dementia

[45] Age UK. (2014), "Evidence Review: Loneliness in Later Life", written by Davidson, S., Rossall, P, available at: https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true accessed 04.02.2020

of DVA', help-seeking is particularly challenging, as not only disclosure is more difficult, but existing resources and responses are not fit for purpose in assessing risk. Thus, responses are designed according to a model where the abuse occurs within a white, heterosexual, intimate partner relationship where the perpetrator is male and the victim-survivor is female.

The next part of the guidance examines how DVA may present within a relationship where care giving is a feature. The section will discuss care-giving raising the problem with an approach that assumes a 'rule of optimism', i.e. carers are good, virtuous and act in the best interests of those they care for. In addition, the chapter will explore the tension between caring and controlling relationships. The section will end with outlining key skills for practitioners.

5. Older People – Intimate Partner and Familial Abuse – Care Dynamics

By 2035, it is estimated that **14.5 million people in the UK will be aged 65 and over, of which 5.5 million are expected to have care needs** ranging from high dependency; requiring round the clock care, to low dependency; needing help less than once a day.[46] It is estimated that approximately 3.9 million people **aged over 65, are expected to have care and support needs that are low dependency.** The majority of social care is provided informally by unpaid family members, partners and friends, most of whom are older people themselves.[47]

Whilst partners and family members can provide excellent care and support, **when domestic violence and abuse (DVA) exists in a relationship, increased dependency on the abuser can be manipulated to exert control** over the older person and further isolate them from sources of external support.

Care and support needs can place an older person in a position of dependency if they are reliant on their family member to meet their care needs. If the care and support is a new feature in the relationship for example, an adult child or grandchild becomes the carer for the first time, this can lead to a shift in power dynamics in the relationship. A family member may move into the older person's home or the older person may move in with family, marking a significant loss of independence and autonomy. **Adult family members may use their position as a carer to financially abuse the older person,** by taking control of their finances, denying them access to bank statements and debit cards.

Financial abuse can also take the form of a perpetrator exaggerating the older person's care needs so they receive additional benefits. Clients engaging with support from Dewis Choice explained how they had felt ashamed after being coerced by family members to keep quiet and pretend they could not carry out routine tasks during care and benefit assessments.

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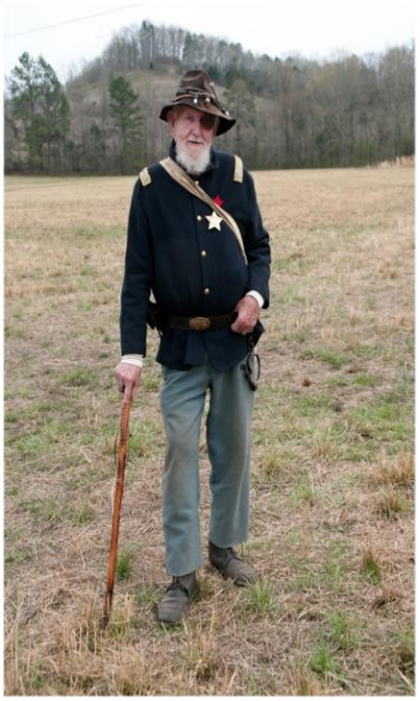
[46] Butler, P. (2018). *Social care needs for over-85s predicted to double in next 20 years* The Guardian [online], available at: https://www.theguardian.com/society/2018/aug/30/social-care-needs-for-over-85s-predicted-to-double-in-next-20-years

[47] Age UK. (2017). Briefing: Health and Care of Older People in England 2017: https://www.ageuk.org.uk/Documents/ENGB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf?dtrk=true

DVA is not always easy to recognise. For the older person with care and support needs, physical signs, such as bruising or injury, poor personal hygiene, weight loss and urinary tract infections may be mistakenly attributed to illness and mobility problems. There may be no visible physical signs of abuse, particularly abuse which is emotional and controlling in nature, which can include:

- refusing to support the older person's independence, creating increased dependency on the carer;
- exaggerating the older person's mobility or health issues to explain why they are not engaging socially;
- exaggerating the older person's care needs to practitioner's, other family members and friends;
- denying access to mobility, hearing and visual aids;
- telling others that the older person lacks capacity to make decisions for themselves;
- threatening to withdraw care if the older person does not comply with their wishes;
- verbally demeaning the older person and making them feel ashamed or like a burden;
- refusing to transport, or allow others to transport the older person to visit friends, attend social activities or appointments;
- making visitors to the older person's home feel uncomfortable;
- taking control of the older person's means of contacting friends and services, for example, not allowing them to answer the phone, opening their post, denying access to digital technology.



5.1 Care or control? - The 'rule of optimism'

Practitioners coming into contact with older individuals in receipt of care by partners and family members may find it difficult to identify the difference between care and control. The Older People's Commissioner for Wales refers to practitioners adopting a **'rule of optimism', assuming partners and family members providing care for an older person have good intentions.**[48] The 'rule of optimism' can lead to practitioners failing to recognise signs of abuse, mistakenly attributing them to declining health and mobility, reinforcing abusive behaviours and leaving an older person at increased risk of further abuse.[49]

[48] The Older People's Commissioner for Wales. (2017). Information and guidance on domestic abuse: Safeguarding older people in Wales. Crown Copyright.
[49] Wydall, S., Clarke, A., Williams, J., & Zerk, R. (2018). Domestic abuse and elder abuse in Wales: A tale of two initiatives. *British Journal of Social Work*, *48*(4), 962-981.

Partners and family members in caring roles may speak on behalf of the individual and the voice of the older person can become lost. For an individual who is experiencing abuse from a partner or family member who is also their carer, **time spent alone with a practitioner may be the only opportunity they have to disclose what is happening to them.** Therefore, it is extremely important for practitioners to create a safe space away from partners and family members and to let the older person know they are a safe person to talk to about anything that is troubling them.

If an older person discloses there is an immediate risk of serious harm to themselves or others, practitioners should call for police assistance at the earliest possible opportunity. Practitioners should avoid confronting the abusive person, as they may increase risks to themselves and the older person. Where there is no identified risk of immediate serious harm, practitioners should reassure the older person there is help and support for what they are experiencing and help identify safe people they can confide in. Practitioners should ask what other services the older person currently engages with, or would like to engage with, and offer to help them explain what is happening to them. Even if the older person refuses support, **practitioners should keep asking, it may take the older person a long time to accept support,** or feel ready to make a change, and it is important to move at their pace.

An older person can also find themselves in the position of primary carer for a partner or family member who is abusive towards them. Providing care can bring the older person into close physical contact with a person who is physically abusive towards them and past coping strategies to minimise the risk of harm may no longer be effective. Caring responsibilities can lead to increased isolation, with the older person feeling they cannot longer leave the home to pursue activities they enjoy that provide respite from the abuse.

In situations where the perpetrator is an intimate partner, increasing care needs and dependency on the victim-survivor can mark a shift in the relationship and a fear of a loss of control for the perpetrator, which may mark an increase in coercively controlling behaviour.

If an older person discloses an immediate risk of serious harm to themselves or others, contact the police at the earliest opportunity.

As discussed in this section the 'rule of optimism' is a concern, yet it fits within western society's socio-cultural ideal of how they feel older people should be treated in later life by significant family members and friends. Adopting a 'rule of pragmatism',[50] by making time to build a relationship directly with the older person on a one-to-one basis is not only good practice but it also provides opportunities for disclosure. The next section will explore a topic that due to systemic ageism is rarely considered in the context of DVA in later life, the human rights of older people and their right to be in a position to make informed choices about their justice options. Thus, the section introduces the range of criminal, civil and restorative options available to older people to safeguard against a 'welfarist' response, which is discriminatory when compared to other age-groups and their help-seeking and justice-seeking

[50] Wydall, S., Clarke, A., Williams, J. and Zerk, R., 2018. Domestic abuse and elder abuse in Wales: A tale of two initiatives. *British Journal of Social Work*, *48*(4), pp.962-981

experiences. The section will focus on the importance of facilitating a safe environment to explore options with older victim-survivors, allowing them to lead on the decision-making.

Practitioner key skills recap:

- Create opportunities and a safe space to speak to the older person on their own:
- If carrying out a health, benefits or care assessment ensure at least part of the assessment is carried out alone with the older person;
- Reassure the older person that anything they tell you in confidence will not be shared with their partner or family members;
- Ask who the older person trusts and feels they can confide in, it may be a family member, friend or practitioner;
- Ask an older in receipt of care by a partner or family member if there are any aspects of care they are not happy with and do they feel in control of the way care is provided;
- For an older person providing care, ask if they feel comfortable and safe with the person they are caring for and are there;
- Explain to the older person that there are organisations who can offer help and support and provide contacts;
- Keep offering support, even if it is refused at first;
- Ask your line manager or safeguarding officer where to record disclosures of abuse safely, for example, in client records that will not be seen by a partner or family member.

6. An Integrated Response to Justice

As noted earlier in the guidance, older people aged 60 years and over, experience age discrimination because when there is a disclosure of domestic violence and abuse (DVA) they are 'welfarised'. Our research found that older people are diverted away from domestic abuse processes, risk assessment tools and accessing justice. Thus, older people do not have equal opportunity to use the resources that people 59 years and under access. As noted by Clarke et al. 'accessing justice is not only a human right but in some instances may be the only effective way of protecting the individual' (p. 3).[51] However, to date in the United Kingdom very few cases involving older victim-survivors of DVA result in a criminal prosecution or civil remedy.[52] Furthermore, a significant proportion of frontline workers lack sufficient training to be able to explore civil justice remedies with older victim-survivor.[53]

It is essential that practitioners adopt a non-ageist, individually tailored approach when discussing the range of justice options available.[54] Older victim-survivors must be central to the decision-making process so they are in a position to make fully informed choices. Information provided must be accessible and accurate, this should be combined with effective support to help the client access the options.

6.1 Justice options

Justice options for individuals who experience DVA, include criminal, civil and restorative processes, all of which are not mutually exclusive interventions, but can complement each other depending on the stage the older person is at in their help-seeking journey. Research from the Dewis Choice Initiative found that individuals sense justice through 1) accessing knowledge about their entitlements and rights, 2) continual validation of their experiences, and 3) positive support from family, friends and the community.

Criminal routes can involve a prosecution against a perpetrator for DVA-related crime **(see criminal justice options)**. There are also a range of criminal and civil options designed to provide protection against further abuse **(see protection orders).** Securing individual rights can also provide a sense of justice, for example, removing an abusive ex-partner from a joint tenancy, pursuing a divorce **(see Divorce)** and securing access to jointly held assets.

The research findings from the longitudinal study suggest that individuals can become very anxious about engaging with criminal and civil processes, particularly if they have

[51] Clarke, A., Williams, J., & Wydall, S. (2016). Access to justice for victims/survivors of elder abuse: A qualitative study. *Social Policy and Society*, *15*(2), 207-220.
[52] Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R. 2012. An Evaluation of the 'Access to Justice' Pilot Project. Cardiff, Welsh Government.
[53] Wydall, S., Zerk, R. and Newman, J., 2015. *Crimes Against, and Abuse Of, Older People in Wales: Access to Support and Justice: Working Together*. Older People's Commissioner for Wales.
[54] Wydall, S., Zerk, R. and Newman, J. 2015. *Crimes Against, and Abuse Of, Older People in Wales: Access to Support and Justice: Working Together*. Older People's Commissioner for Wales.

never had contact with the police before, and are unfamiliar with the use of acronyms, legal practice jargon and court processes. As with younger age groups, older people's perception about criminal processes are based on media portrayals. **Practitioners can help demystify the process and be there to support and guide the older person through their justice-seeking journey. Writing down and talking through the steps in the court process helps to allay some of the fears associated with this process. The use of language needs to be accessible and a starting point for practitioners should be to assume the older person has no prior knowledge of justice processes.**

Receiving a positive response from people who are important to the older person helps to promote a sense of individual justice, validate the older person's experience by confirming what has happened to them was wrong. **For practitioners, it is useful to educate family members and friends about the nature and impact of DVA and discuss the court process. Informal support networks can then offer additional reassurance for the older person during criminal and/or civil processes so they do not feel alone.**

An older person who has experienced DVA from a family member, particularly from an adult child or grandchild, can be reluctant to report to the police or support police action to impose a criminal sanction. There can be a fear of the consequences associated with a criminal sanction including, increased risks to safety, fear of the abuse becoming public, and fear of negative responses from other family members.[55] Some older people may feel they are to blame for the actions of the family member, or want to seek help for the abusive person particularly, mental health support or drug and alcohol services.[56] However, **practitioners should never assume the older person will not want to pursue a criminal sanction and should explore the reasons for any reluctance.**

Attitudes towards seeking justice can change over time, particularly when an individual has received support around the abuse they have experienced. Time spent away from the DVA, will increase feelings of safety and independence. Finding expanded 'space for action'[57] can lead to an older person reflecting on the behaviour of the abusive person and wanting to take action. **It is important to continue to revisit justice options, not assume that decisions made by the older person early on will stay the same. It is also crucially important to reassure the older person they will be supported if they change their minds.**

Research from the Dewis Choice Initiative capturing older people's lived experiences found that being treated with dignity and respect by professionals was very important to them, especially given the level of repeat victimisation many had experienced over decades, prior to help-seeking. The perception from older victim survivors was that they wanted to be treated fairly, given consistent information and be provided updates on timeframes regarding procedures and outcomes. When older victim-survivors were central rather than peripheral to the criminal process, this helped to promote a sense of justice, even when the outcome is not what the older person had hoped for. Thus, **practitioners should be open and realistic, managing expectations around each step of the justice process.** Often in the aftermath of a court process,

[55] Wydall, S. and Zerk, R. 2017. Domestic abuse and older people: Factors influencing help-seeking. *The Journal of Adult Protection*, 19(5), pp. 247-260.
[56] Wydall, S. and Zerk, R. 2017. Domestic abuse and older people: Factors influencing help-seeking. *The Journal of Adult Protection*, 19(5), pp. 247-260. And Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R. 2012. An Evaluation of the 'Access to Justice' Pilot Project. Cardiff, Welsh Government.
[57] Kelly, L., Sharp, N. and Klein, R. (2014). *Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence,* Solace Women's Aid.

professional support is not be available, leading clients feeling very isolated, especially if the court outcome was negative. Mental health issues could often resurface if clients were unable to give a voice to their sense of injustice. The process of justice-seeking can be considered harmful if they do not have a voice, leaving older people feeling exposed, invalidated and very vulnerable.

The current justice system can be a 'clumsy tool' when responding to the multiple and diverse justice goals of older victim-survivors of DVA. New integrated models of justice such as Dewis Choice, that provide holistic and intensive support help to address some of the concerns victim-survivors of DVA have towards engaging with the Criminal Justice System, for example, allaying fears about the adversarial nature of the Court and how to find a voice in the justice process.[58]

6.2 An integrated approach to justice

A fundamental part of the development of the Dewis Choice Initiative was co-production of an integrated justice approach that included civil, criminal and restorative options. During the co-production of the Dewis Choice service, restorative processes were explored using case study examples that presented a range of relationship dynamics and forms of DVA.

The community members involved in the co-production highlighted some of the limitations of current restorative models within a DVA context.[59] First, the community members felt that a single restorative meeting would not be able to address a long term or late onset pattern of DVA. Second, restorative models that included a meeting could place the perpetrator in a position of power, and significantly increase the risk of further harm to victim-survivors in cases where there was coercive control. Third, reparation plans may be restricted by what is offered locally in terms of prevention and recovery and therefore, not be the desired outcome for the victim-survivor. Fourth, evaluating the successful perpetrator engagement with a reparation plan would be difficult given DVA perpetrator characteristics.

Community members involved in designing the service felt that in situations where there was care-giver stress or where the perpetrator and victim-survivor were now separated, some restorative processes could help to close the social gap between family members and friends. Through the Choice Wellbeing Practitioner's work, awareness-raising and a restoration of relations. Where relationships had been broken down by perpetrator's isolation tactics, the Choice Wellbeing Practitioner helped to raise awareness of the nature of DVA, particularly that of coercive control within social networks and restore relationships, this often led to relations with friends and family being renewed and a reduction in victim-blaming attitudes. Reconnecting older people helped to increase opportunities for significant others to hear about older victim-survivor's lived experiences of DVA, and friends and family were able to understand the nature of

[58] Pranis, K., 2002. Restorative values and confronting family violence. In H. Strang and J Braithwaite (eds) *Restorative justice and family violence*, Cambridge University Press: Cambridge. (pp.23-41).
[59] Wydall, S., Clarke, A., Williams, J. and Zerk, R., 2019. Dewis Choice: A Welsh Initiative Promoting Justice for Older Victim-Survivors of Domestic Abuse. In *Violence Against Older Women, Volume II* (pp. 13-36). Palgrave Macmillan, Cham.

coercive and controlling behaviours. Increasing social connections helped to reduce the sense of isolation for the older client.

Few clients choose to engage with traditional restorative approaches, however through the work with the Choice Wellbeing Practitioner, the research suggests that many elements linked with wellbeing and recovery appear to resonate with restorative principles.

The Restorative Justice Council outlines six key principals that are central to a restorative approach:[60]

1. Restoration – the primary aim of restoration is to address and repair harm;
2. Voluntarism – participation in restorative processes is voluntary and based on informed choice;
3. Neutrality – restorative processes are fair and unbiased towards participants;
4. Safety processes and practice aim to ensure the safety of all participants and create a safe space for expression of feelings and views about harm that has been caused;
5. Accessibility – restorative processes are non-discriminatory and available to all those affected by conflict and harm;
6. Respect – restorative processes are respectful to the dignity of all participants and those affected by the harm caused.

All of the points outlined above highlight the significance of 'good' procedural justice. Community members who worked with the Dewis Choice team to design the service concluded that the 'process is the model'. Thus, listening to clients, prioritising client's wishes, exploring their rights, and managing expectations helps to provide a sense of procedural justice. The importance of these principles increases wellbeing and promote a sense of justice, a finding that is reflected in the narratives of older people involved in the longitudinal research. These findings indicate that **practitioners need to adopt a non-judgmental dynamic approach that adapts to the client's circumstances and shifting goals over time. Practitioners however well-meaning, should not act on behalf of the older person, but approach the process at a pace that suits the older person's needs and wishes.**

The findings from Dewis Choice also reflect many of the sentiments in 'The Victims Code 2013'.[61] The Victims' Code, establishes minimum standards on the rights, support, and protection of victims of crime, this includes "the right to safeguards in the context of restorative justice services" (Article 12 of the EU Directive), and the provision of appropriate training to those officials who are likely to come into contact with victims (see "training of practitioners" in Article 25 of the Directive).

[60] Restorative Justice Council (2015) Principle of restorative justice [online] available at: https://restorativejustice.org.uk/resources/rjc-principles-restorative-practice

[61] Ministry of Justice. (2018). Statutory guidance: The code of practice for victims of crime and supporting public information materials [online] available at: https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime

6.3 Criminal justice options

There is no specific offence of 'domestic abuse' however many behaviours are considered criminal in nature and can led to charges such as: assault, harassment, criminal damage, stalking, threatening behaviour, or coercive and controlling behaviours could be applied. In the case of financial abuse, charges of theft and fraud can also be applied. The police can assist with taking forward a case to the CPS.

Serious Crimes Act 2015

In line with the Home Office 2013 definition of DVA, abusive behaviour is viewed as 'almost always part of an ongoing pattern of behaviour' (p. 12).[62] In recognition that DVA is multi-faceted in nature and presents in a range of abusive experiences that extend beyond physical violence, the Serious Crimes Act 2015 added an additional offence of 'coercive or controlling behaviour'.[63] To better reflect victim-survivors experiences of DVA, the introduction of the coercive or controlling offence aims to capture the subtle, complex and repeated nature of DVA by intimate partners and family members.

In England and Wales, under section 76 of the Serious Crimes Act 2015, a coercive and controlling offence is committed by A if:

- A repeatedly or continuously engages in behaviour towards another person, B, that is controlling or coercive; and
- At time of the behaviour, A and B are personally connected; and
- The behaviour has a serious effect on B; and
- A knows or ought to know that the behaviour will have a serious effect on B.

A and B are 'personally connected' if:

- they are in an intimate personal relationship; or
- they live together and are either members of the same family; or
- they live together have previously been in an intimate personal relationship with each other.

There are two ways in which it can be proved that A's behaviour has a 'serious effect' on B:

- If it causes B to fear, on at least two occasions, that violence will be used against them - s.76 (4)(a); or
- If it causes B serious alarm or distress which has a substantial adverse effect on their day-to-day activities - s.76 (4) (b).[64]

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[62] HM Government. (2018). Transforming the response to domestic abuse: Government consultation. Available at: https://consult.justice.gov.uk/homeoffice-moj/domestic-abuse-consultation/supporting_documents/Transforming%20the%20response%20to%20domestic%20abuse.pdf

[63] Serious Crimes Act 2015

[64] Crown Prosecution Service. (2017). *Controlling or Coercive Behaviour in an Intimate or Family Relationship* [online] available at: https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship

An offence of coercive or controlling behaviour has been committed if:

- The behaviour has been engaged in 'repeatedly' or 'continuously';
- The behaviour has had a ‘serious effect’ on the victim-survivors that caused fear that violence would be used on ‘at least two occasions’;
- The prosecution should be able to show that there was intent to control or coerce someone;
- The perpetrator knows or ‘ought to know’ that the behaviour would have a serious effect on the victim-survivor.

In England and Wales, those who are found guilty of the crime can face a maximum sentence of five years imprisonment and/or a fine.

In Scotland, coercive and controlling behaviour as an offence is covered under the Domestic Abuse (Scotland) Act 2018. The offence came into force 1st April 2019. Unlike the England and Wales offence, the Scottish offence does not include family members, but does cover intimate personal relationships in both situations where victim-survivor and perpetrator live together or separately. Those found guilty of coercive and controlling offence in Scotland can face up to a maximum sentence of 12 years. For more information on the Scottish legislation see: http://www.legislation.gov.uk/asp/2018/5/contents.

In Northern Ireland, there is currently no legislation criminalising coercive and controlling behaviour.

6.4 Domestic violence and abuse – Police response

Individuals should be reassured they can call 999 in an emergency or 101 in a non-emergency, alternatively they can attend a police station in person to report an incident.

Most police stations have Domestic Abuse Officers (DAO’s), who are specially trained to deal with DVA.

DVA from an intimate partner, ex-partner, or adult family member should be treated as seriously as an action by a stranger, for example, an assault, threat or theft. All police officers can use their powers to intervene, arrest, caution or charge a perpetrator. Suspects may be remanded, kept in custody or may be given bail before being charged, depending on the nature of the incident reported.

6.5 Protection orders

Domestic Violence Protection Notices and Orders – England and Wales

In England and Wales, the police now have powers to serve a Domestic Violence Protection Notice (DVPN) on a perpetrator who presents an ongoing risk of violence. This notice is provided in writing and served to the perpetrator by a police officer.

The order lasts for 48-hours and requires the perpetrator to leave the premises and not contact the victim-survivor, either directly or indirectly. The order can be extended further (up to 28 days) by a magistrate at court, who can grant a Domestic Violence Protection Order (DVPO).

DVPO's promote the immediate safety of a victim-survivor of DVA by removing the perpetrator. Along with orders of longer duration, such as restraining order and non-molestation orders (see below), DVPO's can also provide a victim-survivor of DVA with time and space away from the perpetrator to consider all of the options available to them.

Civil option issued by criminal courts- Restraining order

In the UK, when an individual is convicted or acquitted of an offence involving DVA, the court can issue the person who has had criminal proceedings against them with a restraining order. Restraining orders seek to protect a victim-survivor from further abuse by imposing restrictions on a perpetrator (a partner, ex-partner or family member) from contacting a victim-survivor. A restraining order can be imposed for a set period of time or indefinitely. Breach of the conditions in a restraining order is an arrestable offence. For example:

Angela, Dewis Choice client

Angela, aged 85 years, had been physically assaulted by her son Peter, aged 50 years. Peter was charged, and later convicted, with common assault. Peter received a suspended sentence and was also issued with a restraining order stating he was not to enter within the vicinity of 2 miles of Angela's home and not to contact Angela either in person or via a third party for the 2-year duration of the restraining order. Two weeks after the restraining order was issued Peter knocked on the door of Angela's house. When Angela refused to open the door Peter left, making a second attempt to contact Angela later the same day by phone. Angela reported the incidents to the police. Peter was arrested and charged with two breaches of the restraining order, the first for attending Angela's home and the second for attempting to make telephone contact with Angela.

Civil options issued by family courts

There are a range of civil options an individual can access to seek protection for themselves, and to secure their rights to property and finances. Civil options are applied for through the courts system, however they do not involve any criminal proceedings.

The following civil options can be accessed by individuals either representing themselves or through a solicitor. Most family law solicitors offer a free half hour confidential initial consultation to discuss options and explain any costs involved. Individuals should ask for this service when making an appointment. Domestic abuse services can support individuals accessing civil options and help with making an appointment with a solicitor.

Civil protection orders

Victim-survivors of DVA can apply to family courts for a civil injunction or court order to help protect them. Civil protection orders can be applied to an intimate partner, ex-intimate partner or a family member, for example, an adult child, grandchild, brother or sister. The most common types of court orders are:

Non-molestation orders are similar to a restraining order but can also be obtained by individuals seeking to protect themselves where there are no criminal proceedings against the perpetrator. A non-molestation order is aimed at preventing the perpetrator, from using or threatening violence against a person, or intimidating, harassing or pestering them. It can also prevent the perpetrator from entering a location within a certain distance of their home. Each order is unique and will take an individual's circumstances into consideration. When making the order, the magistrates will take into account a person's health, safety and well-being. The magistrates will also assess how they think an order will help the situation. As with a restraining order, it is a criminal offence if the non-molestation order is broken and a person can call the police to report this.

Occupation orders state who can live in a property and are often applied for at the same time as a non-molestation order but can be applied for separately. Similar to non-molestation orders, they are tailored to a person's individual circumstances. The order could state that the perpetrator must leave the property where the victim-survivor resides. It can also prevent the perpetrator from coming within a certain area, such as 200 yards, of a person's home. If an occupation order is breached, the person will be in contempt of court and a judge can impose a fine or imprisonment for breaking the terms of the order.

Undertakings can be used when the victim-survivor does not wish for there to be a criminal offence following a breach of the order. The undertaking is a legally binding promise made to the court to take a specified action, or refrain from taking an action, in the future i.e. not to have contact with the victim-survivor. The undertaking should be recorded in writing and a signed copy should be filed with the court. If the promise is broken, it can be punished with a fine or imprisonment, but the respondent cannot be arrested immediately following a breach.

6.6 Civil options for securing rights and entitlements

Divorce – A person can apply for a divorce online or by post through a solicitor if a marriage has broken down irretrievably. The grounds for divorce can be adultery, abandonment, unreasonable behaviour including DVA, separation lasting two years or more (with both parties consenting), separation lasting five years or more (even if one party does not consent).

The Dewis Choice Initiative empowers older victim-survivors to make informed choices about a range of justice options, be they civil, criminal and/or restorative. From a research perspective, the use a longitudinal design, helped to capture the experiences of older victim-survivors at different stages in the 'justice-seeking' journey. The research methodology also allowed for an exploration of how victim-survivors conceptions of justice are subject to change over time. The Dewis Choice Support Worker outlines below how one victim-survivor shifted her justice goals over time:

"When Sandra first found out that her daughter had stolen thousands of pounds she went and reported it to the police wishing to pursue a compliant. Sandra was furious and felt ashamed of her daughter. A number of weeks past and Sandra changed her mind, she said she missed her daughter and despite whatever she had done she was still her daughter and she loved her. She could not and did not want to be responsible for her going to prison."

Dewis Choice Support Worker

Some victim-survivors believe that the perpetrator should be held to account in the court of law, but did not want to be the person responsible for any criminal sanction.

For some older victim-survivors of DVA, part of the recovery process involves seeking retribution and protection through the criminal justice system (CJS). For some, obtaining a positive criminal justice outcome is aligned with a symbolic sense of closure from the harm caused, offering a new chapter in their lives free from harm, whilst the perpetrator is held to account for their actions. One victim-survivor, Jackie described her justice goals:

"Well I would like him [the perpetrator] to be done, you know charged with something, charged with coercive control, charged with domestic abuse and removed from my area and removed from my life. I want you know, I want my life back… I can't carry on like this it's just, it's just all too much really and I have been living like this for so long."

Jackie, aged 62 Dewis Choice client

Although a criminal sanction maybe a desired outcome for victim-survivors of DVA, this is not the case in all instances. Current adversarial criminal justice approaches that involve an arrest, charge and possible conviction for the perpetrator may serve to polarise not only the victim-survivor and the perpetrator, but

also the extended family. Thus, if the traditional CJS does not ensure that older victim-survivors are not appropriately supported, the process has the potential to further damage the delicate dynamics of family relationships.

There were several examples from the longitudinal study where, especially in cases when the perpetrator was an adult child, older victim-survivors may wish to seek help for the perpetrator. Belinda said:

"It's about time that somebody listens to me and listens to [my son]. Help us please, someone help us because I don't know which way to turn…I am very worried about [my] Son, the way he's gonna end up, what's gonna happen to him? Where he is gonna live? What's gonna be the rest of his life? And if something isn't done quickly about [my] Son, what will be the rest of his life, how short will it be? I don't want to bury my Son- I go before my children."

Belinda, aged 64, Dewis Choice client

Decisions to engage with formal services, especially those agencies that have a dual role of public protection and law enforcement, can be complicated by the obligation's victim-survivors feel towards other family members. The above quote demonstrates how Belinda's sense of parental responsibility to protect her son and find him help had overridden her own safety needs.

Our research has found that older people's decisions around justice are contingent upon those they care about and the interconnectedness with other family members.[65] It is important that practitioners recognise that older victim-survivors make choices within the context of their own safety and that of other family members, and thus, the process of making decisions is dynamic.

This section has provided a range of restorative, criminal and civil options available to older victim-survivors of DVA. It has demonstrated how the Dewis Choice Initiative developed existing restorative approaches through co-production to better respond to older victim-survivors. The section has highlighted the importance of discussing all available options with the victim-survivor, revisiting the options at various points in their justice-seeking journey. For the older victim-survivors involved in the Dewis Choice Initiative, the process of seeking-justice was of equal importance to the outcome of the justice approach. Thus, practitioners should make every effort to inform victim-survivors of their entitlements and rights, whilst providing ongoing validation of their experiences. The role of the practitioner is not to assume the justice goals of the victim-survivors, but to ensure the victim-survivor makes an informed choice that is right for themselves and their family.

Our research found that lack of knowledge of rights and entitlements is a significant barrier for older people accessing help and support. The next section will explore older people's rights and entitlements to access housing, state benefits and joint financial assets.

[65] Wydall, S. and Zerk, R. 2017. Domestic abuse and older people: Factors influencing help-seeking. *The Journal of Adult Protection*, 19(5), pp. 247-260.

Practitioner key skills recap:

Restorative approaches:

- Adopting the six key principles of restorative approaches promotes good procedural justice;
- Validate the older persons experience by listening and placing the blame for the abusive behaviour with the perpetrator;
- Explore all justice options; criminal, civil and restorative, ensuring they are clearly explained and manage expectations of the possible outcomes. The older person may feel a sense of justice through equality of access to justice options, even if they decide not to pursue them;
- Explore with the older person how they view justice. Freedom from abuse and autonomy in decision-making may be a priority for an older person above seeking sanction against the perpetrator;
- Ensure the older person has equality of access to resources that promote independence, wellbeing and recovery from DVA.

Criminal options:

- Do not assume an older person will know what criminal justice options are available. Provide information, write down and explain processes in an accessible way, including the range of support that older people can access throughout the process i.e. victim support;
- Manage expectations of criminal justice options by explaining and exploring all possible outcomes;
- Explain the roles of the Police and the Crown Prosecution Service. An important point to reinforce to the older person is that the role of the prosecution service role takes forward the examination of an alleged perpetrator, not the victim-survivor;
- Help to demystify court processes by explaining what happens in court, including options to request special measures i.e. giving evidence via video link;
- Re-visit justice options throughout the process as a victim-survivors willingness to engage with criminal justice options may change over time.

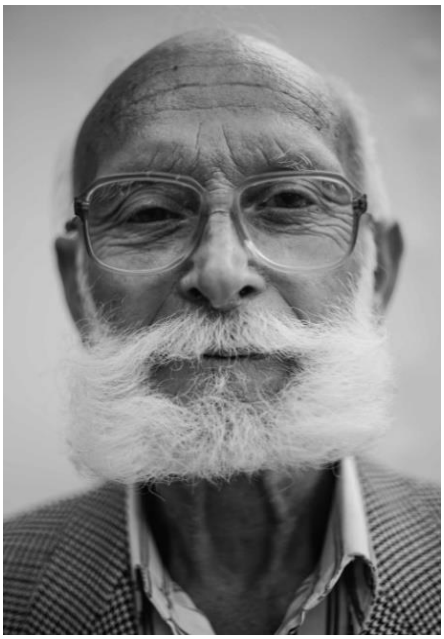
Civil options:

- Explain the difference between civil options and criminal options i.e. civil options can be deployed to increase safety and secure access to rights and entitlements for the victim-survivor without criminalising the person causing harm;
- Offer to assist with making and attending an appointment with a solicitor to discuss civil options and any potential costs involved. Many solicitors offer a free half hour initial appointment;
- Ensure all civil options are explored and don’t assume an older person will not want to pursue an option solely because of their age. For example, an older person may want to pursue a divorce and gain access to jointly held assets in the same way a younger person would.

7. Knowledge of Rights and Entitlements

When supporting an older person experiencing domestic violence and abuse (DVA), it is important to be mindful that older **people are often not aware of individual rights and entitlements** to access resources, such as housing rights, benefits and jointly owned assets. A lack of knowledge and access to reliable information about rights and entitlements can present a barrier to making an informed decision to leave home or end a relationship with the perpetrator. The research findings from Dewis Choice found that people aged 60 years and over who are experiencing DVA will often have very limited knowledge of their rights and entitlements. A perpetrator may have actively prevented the older victim-survivor from accessing information about their rights and entitlements and/or provided false information as a form of coercive control.

7.1 Access to housing



England, Scotland, Wales and Northern Ireland have legislation governing housing law which include eligibility criteria for assessing homeless status and who is considered a 'priority need' for access to housing for the local authority. When assessing an individual's 'homeless status', the four pieces of legislation all cite either abuse, violence or DVA as meeting the criteria. The criteria for 'priority need' also include vulnerability due to old age.

An older person experiencing DVA can apply for priority housing regardless of whether they currently live in rented accommodation, own their own home or live with a family member. When applying for local authority support with housing, it is important for the older person to state that they are experiencing DVA to ensure they are assessed correctly and meet the criteria for priority housing on the grounds of homelessness.

Housing applications should be made by contacting the local authority. Homeless charity, Shelter[66] can also provide advice and support on rights to access housing via their website, phone line, and in some areas, in person.

7.2 Access to State benefits

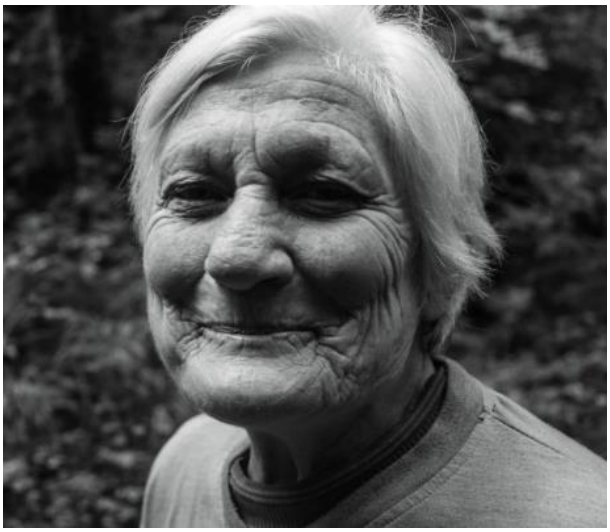
[66] Shelter UK website: https://www.shelter.org.uk/

Navigating the benefits system can be challenging for anyone, for older people there are added complexities. Eligibility for some benefits will be affected by a person's pension age, income from private pensions and if they have care and support needs.

Changes in the State pension age have disproportionately affected older women. Under the Pensions Act 2011, the State pension age for women increased dramatically from 60 to 65 in a 19-month period, there has also been a further increase for women to 66.[67] Whereas, for men, the State pension age increased from 65 to 66 years of age in a 20-month period. Unlike men, the significant increase meant that women were not given sufficient time to adjust to the new age of state pension.

Typically, people aged 60 years and over are not aware of their rights and entitlements. Age UK reported that for pension credit and housing benefits alone, £3.5 billion pounds is unclaimed each year by older people in the UK.[68] The internet now is the primary source for accessing information about public services, including online application forms for housing benefit and council tax reduction.[69] Although many older people do use the internet, approximately two thirds of those aged 75 years and over do not and therefore, digital exclusion can create a further barrier to accessing information about entitlements. Seeking assistance from family members to access internet services can involve divulging sensitive information in relation to finances, which can increase the risk of financial abuse.

It is important that knowledge of rights and entitlements are not assumed and are discussed with older people. Dewis Choice research findings indicate that for some older people, increased knowledge of entitlement to benefits, such as, pension credit and housing benefit was a major factor in their decision to leave the perpetrator and live independently.



7.3 Access to joint assets

The longitudinal research study identified further gaps in knowledge around rights and entitlements to jointly owned assets, particular amongst older women experiencing DVA from a male spouse or intimate partner. Some older married women were unaware they had equal rights to joint property and finances to their husband and options to separate or divorce had not been explored with them. Alternatively, older women who were experiencing DVA by a new partner were not aware they could lose assets they had invested in property that was registered solely in their partner's name, or through investing an unequal share in property with a new spouse.

[67] The Pensions advisory service (2020) What is my pension age? [online] available at: https://www.pensionsadvisoryservice.org.uk/about-pensions/the-state-pension/know-your-state-pension-age

[68] Age UK benefits (2017). Millions of older people struggling financially despite £3.5 billion in unclaimed benefits, 25 April 2017 [online] available at: https://www.ageuk.org.uk/latest-news/archive/millions-struggling-despite-unclaimed-benefits/

[69] West, S. (2015) Later life in a digital world, Age UK [online] available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/later_life_in_a_digital_world.pdf

The example on the next page provides an insight into Lillian's lived experience of engaging with Dewis Choice.

Lillian, Choice Client

Lillian, an 85-year-old female, had been married to Bill, aged 86 years for over 60 years. Throughout the marriage Bill had been physically and emotionally abusive, and coercively controlling towards Lillian, who was referred for support from Dewis Choice by a domestic abuse officer.

Lillian had recently moved into the home of her son and daughter-in-law following an assault by Bill. The Choice Support Worker informed Lillian of her right to access housing and Lillian confirmed she wanted to remain living with her son and his family. Further discussions revealed Lillian currently had no personal bank account. She was not aware she could access the joint account which she held with her husband, even though her state pension was paid into it, and was not aware she could claim benefits in her own right. Although Lillian had made the decision to permanently end her relationship with Bill she had not considered her rights to access assets the couple owned jointly, including the couple's home, items of furniture and savings. The Choice Support Worker advised Lillian to open an individual bank account to have her state pension paid into, also to transfer half of the balance from the jointly held account. The Choice Support Worker advised Lillian and her family she may be eligible to claim certain benefits, including attendance allowance as she required support with a disability.

The Choice Support Worker also supported Lillian to make and attend an appointment with a solicitor to gain information on her rights to access joint assets. Lillian decided to pursue a divorce, to clearly signal the end of her relationship with Bill and to ensure their home and finances were divided.

Lillian's story demonstrates how a lack of information about her rights and entitlements can place an older person at a disadvantage when considering or attempting to end a relationship with an abusive partner. Fortunately, Lillian's family were in a position to offer support in terms of accommodation and financial resources. Without her family's support, Lillian may have felt she had no option other than to remain living with Bill. However, not applying for benefits in her own right or accessing joint finances, placed Lillian in a position where she was dependent on her family. It was important to Lillian that she pursued a divorce and gain access to jointly owned assets and was surprised by her solicitor's advice that she may be entitled to a share Bill's private pension. Practitioners working with older people who have experienced DVA can help individuals to make informed decisions through ensuring they have access to accurate information about their rights and entitlements.

This section explored some of the commonly used rights and entitlements of older victim-survivors. It highlighted older victim-survivors rights to access housing, state benefits and joint assets. The section also provided a case study example of on older woman who engaged with the Dewis Choice service. Older

victim-survivors, who aware of their rights and entitlements, may feel in a better position to consider their options on whether or not they want to maintain a relationship with the perpetrator.

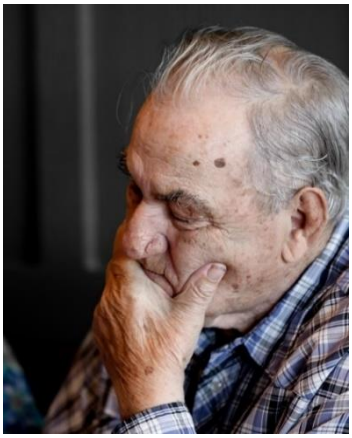
The next section will explore the role of adult safeguarding responding to 'adults at risk'. It provides practitioners with the information on how and when to make a safeguarding referral. The section will also cover the mental capacity act and what measures can be put in place to safeguard those who lack capacity or have flucuating capacity.

Practitioner key skills recap:

- Do not assume an older person is aware of their rights and entitlements, or how to access them;
- Ask if concerns about accessing housing, benefits and/or jointly owned assets are a barrier to deciding to leave a perpetrator;
- Offer support to access specialist advice independent about eligibility for benefits, for example, services provided by Citizens Advice and Age UK;
- Offer to support an appointment with a housing officer and to complete an application for housing to help explain the older person is experiencing DVA, ensuring assessments are fully informed;
- Urge caution over disclosing financial/confidential information to family members and friends unless the older person has identified them as a safe person;
- Offer support to access digital skills training for the older person so they can access information independently.

8. Adult Safeguarding

8.1 What is adult safeguarding?



Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Safeguarding processes should protect the health, wellbeing and rights of an adult at risk, supporting the individual to exercise choice and control over how they want to live. Safeguarding procedures involve practitioners providing accessible information, advice and support to adults at risk about how to stay safe and how to raise a concern.

Local Authorities in England, Wales and Scotland have a duty to act to safeguard an adult who meets the criteria of an "Adult at risk."

8.2 Adults at risk

The definition of an "Adult at risk" for each country, is contained in the following pieces of legislation:

England – The Care Act 2014

Wales – Social Services and Well-being Act (Wales) 2014

Scotland – Adult Support and Protection Scotland Act 2007

Each Act provides a legal framework for improving the wellbeing of people who have care and support needs and look specifically at safeguarding.

Definition of an "adult at risk", England and Wales

An adult at risk is an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse neglect; and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Under section 126 of the Social Services and Wellbeing Act (Wales) 2014, local authorities have a duty to make, or cause to be made, such enquiries as it considers necessary to decide whether a person is an adult at risk; and to decide what action, if any, should be taken.[70]

[70] Welsh Government. (2016). Social Services and Well-being (Wales) Act 2014 Working Together to Safeguard People Volume I – Introduction and Overview, Crown [online] available at:

Under section 42 of the Care Act (England) 2014,[71] where a local authority has reasonable cause to suspect that an adult in its area is an adult at risk, the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

Definition of an "adult at risk," Scotland

"Adults at risk" are adults who:

- are unable to safeguard their own well-being, property, rights or other interests;
- are at risk of harm, and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Under section 4 of the Adult Support and Protection (Scotland) Act 2007,[72] a council must make inquiries about a person's well-being, property or financial affairs if it knows or believes that the person is an adult at risk, and that it might need to intervene in order to protect the person's well-being, property or financial affairs.

The Human Rights Act 1998 underpins all of the above Acts, in that, safeguarding processes are not to act in a way that is incompatible with a person's human rights including:

- Article 2 – right to have life protected;
- Article 3 – right not to be subjected to inhuman or degrading treatment;
- Article 5 – right to liberty and security;
- Article 6 – right to a fair hearing;
- Article 8 – right to respect for private and family life, home, and correspondence.

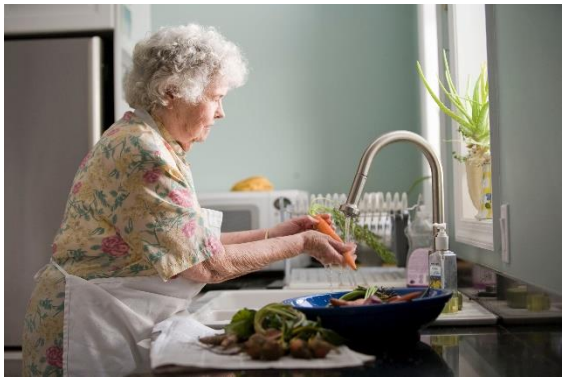
8.3 How to make a safeguarding referral:

Members of the public and practitioners representing organisations can report concerns and/or make a referral to Local Authority Adult Safeguarding (England and Wales) or Local Council Adult Support and Protection (Scotland). Details can be found on your local authority website. Alternatively, you can call your local authority to seek advice and guidance. It is best practice to seek consent from the older person before making a safeguarding referral. However, if it is not safe to seek consent, the older person is at risk of serious harm or neglect and/or another person has been identified as at risk, this will override the need to seek consent.

[71] Care Act (England) 2014 [online] available at: http://www.legislation.gov.uk/ukpga/2014/23/section/42
[72] Adult Support and Protection (Scotland) Act 2007 [online] available at: http://www.legislation.gov.uk/asp/2007/10/section/1

Older adults who experience domestic violence and abuse (DVA) may meet the criteria for a local authority adult safeguarding response in line with the above definitions of an "adult at risk." Local Authority Adult Safeguarding Officer's work with other agencies to provide a coordinated community response to promote an individual's safety and prevent further harm. A safeguarding response is person-centred and actions are carried out with the consent of the individual, unless the risk of serious harm overrides the need for consent. However, an older person can choose to refuse a safeguarding response, as an individual, with full capacity, has a right to make their own decisions even if others may consider those decisions unwise. An older person in receipt of support from local authority adult safeguarding for DVA can still benefit from, and should be offered access to, specialist domestic abuse support and resources, regardless of their age.

Sylvia, Dewis Choice client



Sylvia, aged 67 years, was referred to local authority adult safeguarding by a friend who was concerned she was experiencing abuse from the person she lived with. Sylvia had a disability and the person she lived with was in receipt of carers allowance to provide support for Sylvia's assessed care needs. A Safeguarding Officer referred Sylvia to Dewis Choice for support when she refused a safeguarding intervention. With Sylvia's consent the Dewis Choice Support Worker and the Safeguarding Officer worked together to form a plan to move Sylvia to her own accommodation. The plan was carried out at a pace Sylvia felt comfortable with, ensuring Sylvia felt in control of the process, and was provided with emotional support for the abuse she experienced combined with practical support for housing, benefits and care needs.

An individual has the right to make decisions others may consider unwise, however, their decisions can be overridden if they are assessed as lacking mental capacity to make informed decisions.

8.4 Mental capacity

Mental capacity is the capacity of an individual to make decisions for themselves. When a person is assessed as lacking capacity to make decisions for themselves they may need support to make specific decisions and, in certain situations, a person may be appointed to make best interest decisions on their behalf. The Mental Capacity Act 2005 (England and Wales) defines the rights of those who are assessed as lacking capacity.

The Act has five key principals:

Principle 1: Assume a person has capacity unless proved otherwise.

Principle 2: Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them.

Principle 3: A person should not be treated as incapable of making a decision because their decision may seem unwise.

Principle 4: Always do things or take decisions for people without capacity in their best interests.

Principle 5: Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way.

The five key principles above must underpin all acts carried out and decisions taken in relation to the Act. Principles one to three support the process before or at the point of determining whether a person lacks capacity, whilst principles four and five support the decision-making process if the person lacks capacity.

Under the Mental Capacity Act 2005 a person is determined to lack capacity if:

- They have an impairment of, or disturbance in the functioning of, the mind or brain;
- As a result of the impairment or disturbance they are unable to make a decision about a particular matter at that time.

A person may lack capacity for a variety of reasons, for example:

- A stroke or brain injury;
- A mental health problem;
- Dementia;
- A learning disability;

- Confusion, drowsiness or unconsciousness because of an illness or treatment;
- Substance misuse.

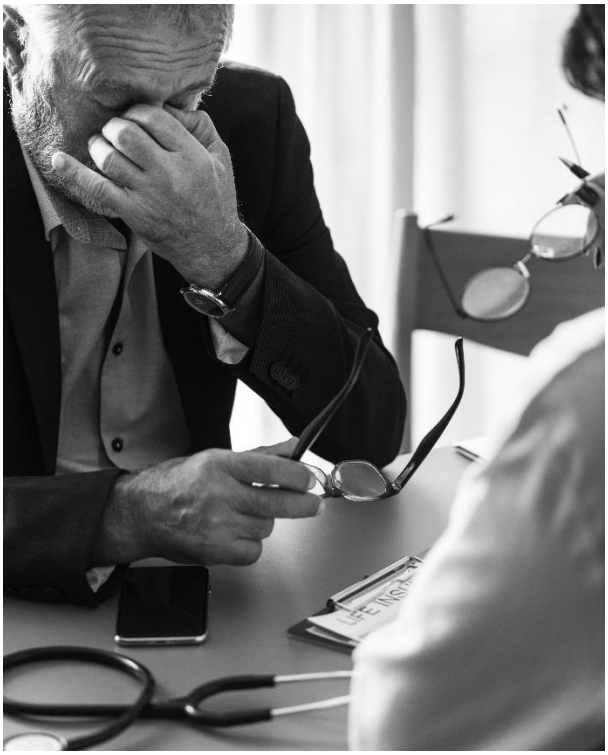
Section 3 of the Mental Capacity Act 2005[73] states that an individual is unable to make a decision for themselves if they are unable to:

"(a) understand the information relevant to the decision;

(b) retain that information;

(c) use or weigh that information as part of the process of making the decision; or

(d) communicate his decision (whether by talking, using sign language or any other means)."



Practitioners should make every effort to find ways of communicating with an individual before deciding that they lack capacity to make a decision. It is important to remember that mental capacity is decision specific and it may be possible for someone to make a decision regarding on matter and not another. Where possible, practitioners should involve family, friends, carers and other professionals. Practitioners should be mindful that some family members or intimate partners may not always have the persons best interests at heart and may prioritise their own interests i.e. misuse of a person's finances.

Some people plan in advance, in the event they may later lack capacity, choosing the people they wish to act on their behalf, by appointing a Lasting Power of Attorney (LPA). In line with principle 4 of the Mental Capacity Act a person acting on behalf of an individual who lacks capacity should act in the individual's best interests.

8.5 Lasting Power of Attorney (LPA)

Lasting Powers of Attorney **(LPA)** are increasing in popularity, with "almost 750,000 people now consigning their money, legal and healthcare affairs to friends and family every year.[74]"

Practitioners supporting an older person who has disclosed they are experiencing domestic violence and abuse should identify whether they have appointed a LPA. If the abusive person is appointed with LPA the older person should be advised to consider removing them. In the event the older person experiencing

[73] Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/section/3

[74] Hughes, K. (2018) 'Lasting power of attorney: Record numbers entrusting money to others', *Independent* 17 February. Available at: https://www.independent.co.uk/money/spend-save/lasting-power-of-attorney-money-legal-affairs-family-friends-savings-investments-lpa-a8210811.html

abuse has a diagnosis of dementia, a safety plan may also involve individuals appointing a trusted person with LPA while they still have full capacity to do so.

What is a Lasting Power of Attorney?

A Lasting Power of Attorney (**LPA**) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. Attorneys' can be relatives or friends, who would not be paid, or a solicitor who would usually charge fees. A person can appoint one or more people to act as an attorney and state whether they are authorised to make decisions independently or jointly.

There are two types of **LPA**, one for decisions about health and welfare and one for decisions about property and financial affairs. A person can choose to make one or both types of **LPA**.

Health and welfare lasting power of attorney

Use this LPA to give an attorney the power to make decisions about things like:

- your daily routine, for example washing, dressing, eating
- medical care
- moving into a care home
- life-sustaining treatment

It can only be used when you're unable to make your own decisions.

Property and financial affairs lasting power of attorney

Use this LPA to give an attorney the power to make decisions about money and property for you, for example:

- managing a bank or building society account
- paying bills
- collecting benefits or a pension
- selling your home

It can be used as soon as it's registered, with your permission.

When can an attorney make decisions on someone's behalf?

An attorney appointed to make decisions for "Health and Welfare" can only start making decisions when a person is unable to do so because they "lack capacity," to make decisions. If someone appoints an attorney to make decisions for "Property and Financial affairs" they can designate if they want them to make decisions straight away, or when they "lack capacity."

Before a person can begin to act as an attorney the **LPA** must be registered with the Office of the Public Guardian (see contact details) and stamped "VALIDATED-OPG."

How can you check if someone has an LPA?

If an individual says they have an **LPA** to make decisions on someone's behalf they should be able to evidence this by showing the original stamped **LPA** or a certified copy, signed and dated on each page.

To find out if someone has appointed an attorney, who is appointed, and what decision making is granted you can search by filling in the online form "OPG100" with the Office of the Public Guardian (see contact details).

Can an attorney be removed?

An attorney can be removed at any time by the donor, provided they still have capacity to make decisions. Information on how to remove an attorney or make changes to a **LPA** is available from the Office of the Public Guardian (see contact details).

What can you do if you suspect an attorney is misusing or abusing an LPA?

If you suspect an attorney is not acting in the best interests of the person who has given them **LPA** you can report your concerns to the Office of the Public Guardian (see contact details).

8.6 Deputies

Deputies: make decisions for someone who lacks capacity.

If an older person who is assessed as lacking capacity has not appointed an LPA, a person can apply to be appointed a 'deputy' to make decisions on the older person's behalf. To become a deputy a person has to apply for authorisation from the Court of Protection. There are two types of deputy:

- **Property and financial affairs deputy**

  To do things like pay a person's bills and organise their pension

- **Personal welfare deputy**

  To make decisions about medical treatment and how someone is looked after

Person can apply to be one or both types of deputy and a court order will detail what they can and cannot do.

A deputy is also required to send an annual report to the Office of the Public Guardian (OPG) explaining the decisions they have made. For further information on deputies see: https://www.gov.uk/become-deputy

Advanced decision-making

An "Advanced Statement," is a document detailing what a person's wishes are, for example, who they do or do not want to provide care for them. An advanced statement is not a legally binding document but must be taken into consideration by people making decisions on a person's behalf. The statement must be made and signed while someone still has capacity, and placed somewhere safe, for example, with medical notes.

This section provided an overview of the role of adult safeguarding, defining the eligibility criteria for a safeguarding referral and highlighting how safeguarding processes are compatible with the Human Rights Act 1998. A good practice example was given to illustrate how the Dewis Choice practitioners worked alongside safeguarding teams and other organisations to effectively safeguard the older person. The section then provided information on the Mental Capacity Act and how DVA practitioners can help to set

up an LPA if there are supporting older people prior to loss of mental capacity, for those who no longer have capacity, alternative options were given such as the Court of Protection.

The next section will explore the diversity of older age, looking across and within three generations of older people. Information will be given on how systemic ageism impacts on older people's experiences of DVA. Dementia and the co-existence of DVA will be discussed and the importance of not assuming the 'rule of optimism' that can mask DVA. The section will also explore older lesbian, gay, bisexual, trans, queer and questioning sexuality of gender (LGBTQ+) unique experiences of DVA and will provide advice and guidance

Contact details for the Office of the Public Guardian

customerservices@publicguardian.gov.uk
Telephone: 0300 456 0300
Textphone: 0115 934 2778

W: https://www.gov.uk/power-of-attorney

9. Recognising Diversity in Older Age - Who are “Older People?”

If you were asked to describe an older person, what would you say? You may base your description on an older person in your family, perhaps a parent or grandparent.

You may describe stereotypical physical characteristics such as grey hair, wrinkly hands, slightly hunched, perhaps with a walking stick or frame.

You may also think of exceptions to the rule such as individuals like as Fauja Singh, who began his running career at 81 years of age and currently holds the record for the only person aged over 100 years to complete a marathon.

On a wider socio-cultural level, reference to almost any aspect of later life is illustrated by images that provide a somewhat negative and limiting view of later life. Such images fail to acknowledge the diversity within the mature adult population, which encompasses three generations.

Stereotypical characteristics associated with later life reflect negative assumptions, as these characteristics define, dominate and mask the diverse, rich, multiple identities of older people by reconstructing them through an ageist lens as ‘intrinsically vulnerable’ elders. Indeed, as Townsend asserts, the dependency of older people has been ‘manufactured socially’ and when it comes to service provision, they are treated as passive recipient’s rather than active agents able to exercise choice.[75]

The Dewis Choice Initiative facilitated community discussion groups with over 1,700 older people in Scotland, England and Wales, exploring a range of topics including societal attitudes towards older people. When participants were asked how they would define an older person, a common response was, “ten years older than me,” regardless of their age. For many ‘old age’ was viewed negatively and described in terms of physical or mental ailments, social isolation and loneliness.

[75] Townsend, P. (1981). The structured dependency of the elderly: a creation of social policy in the twentieth century, *Ageing & Society*, 1(1), 5-28.

9.1 Understanding generational perspectives

The systemic invisibility of older people as victim-survivors of domestic violence and abuse (DVA) is, in part, the result of a pervasive structural ageism in society that places less value on older people than their younger counterparts. Therefore, when compared to other age groups, there is a paucity of knowledge about the lived experiences of victim-survivors in later life. A factor contributing to the invisibility of older victim-survivors has been the promotion of a construction of ageing that negatively 'others' older people. The process of 'othering' results in older people being treated as intrinsically different from other age groups. This construct of later life not only sets older people apart from the rest of society, but also serves to significantly diminish the adult status of an older person.

Alongside constructing a set of characteristics for defining 'the elderly', policy-makers create an artificial demarcation as to where 'old age' actually begins, when demonstrating a commitment to addressing older people's rights and needs. Thus, what determines 'old age', and how it is experienced, is influenced by a country's socio-economic status, its socio-cultural perspectives on ageing and the degree to which older people are valued.

For the purpose of retirement and entitlement to benefits, most westernised countries classify old age as beginning at around 60 to 65 years of age. The category of 'older people' encompasses an age range of 60–100 years and over. So, treating all older people in the same way is akin to treating a 20-year-old as having the same needs and worldview as a 40 or 50-year-old.

The experiences of older people in terms of their societal expectations alone will vary dramatically depending on where they were born, the socio-cultural norms and values they incorporated through childhood and adult life and key life events. The section below provides a general outline of some of the possible differences across three generations that may or may not influence help-seeking behaviours.

Born 1901 – 1927: Aged 90 years and over

In 2018 there were 584,024 people in the United Kingdom aged 90 years and over, the majority of whom were women, and the number continues to grow.[76] People in the over 90 years and above age group are more likely to be living alone and have care needs.

Born 1928- 1945: Aged 73-90 years

In the United Kingdom, half of older people within this age range are single. Furthermore, 60% will have a disability or live with someone who is disabled.[77] In terms of financial status, people who are aged 75 years and over, have lower average incomes compared to their younger cohort. Lower incomes within the 75 years and over age range will significantly affect their quality of life and access to resources.[78]

Born 1946-1964: Aged 54-72 years

This cohort are colloquially referred to as the 'baby-boomers' given a rapid increase in birth rates following the end of the Second World War and in 1964 before the contraceptive birth pill became available.[79] In addition, 'the boomers' experienced significant social, political and cultural change during their formative years. Within heterosexual couples, divorce and separation are considered more acceptable in the baby boomers age group when compared with older generations,[80]

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[76]Patel, V. (2019) Estimate of the very old, including centenarians UK: 2002 to 2018, Office of National Statistics [online] available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/bulletins/estimatesoftheveryoldincludingcentenarians/2002to2018

[77] Independent Age. (2016). The overlooked over-75s: Poverty among the 'Silent Generation' who lived through the Second World War [online] available at: https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/pensioner-poverty-report_final_website.pdf

[78] Independent Age. (2016). The overlooked over-75s: Poverty among the 'Silent Generation' who lived through the Second World War [online] available at: https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/pensioner-poverty-report_final_website.pdf

[79] Doherty, C., Kiley, J.,Tyson, Al. Jameson, B. (2015), The whys and hows of generation research, PEW Research Centre.

[80] Arber, S., Andersson, L. and Hoff, A. (2007) Changing approaches to gender and ageing: Introduction, *Current Sociology*, 55(2), pp. 147-153.

and reconstituted families have become more of a feature within this demographic group.[81]

It is worth noting also that older men are more likely to become visible as victim-survivors of DVA as they may start coming into contact with health and social care.[82]

In the United Kingdom, older people are living longer, healthier and more productive lives than any age cohort prior to this period.[83] Furthermore, life expectancy is projected to increase year-on-year for both males and females, with women living longer than men.[84]

In summary, whilst these different age cohorts provide some insight into general trends regarding lifestyle, health and care needs and longevity, it is important to recognise the diversity within these age groups. Geographical location, culture, community, social class, gender, sexuality and ethnicity will also influence disclosures of DVA and help-seeking behaviours. Older people are not all the same.

9.2 Age discrimination

The pervasiveness of stereotypical views of old age and the emphasis placed on 'difference', leads to older people being marginalised. This is particularly noticeable where older people experience DVA by intimate partners or other family members. As Mansell et al. (2009: 34) note, although 'older people dominate the abuse landscape',[85] there is evidence that theory, methodology, policy and practice are significantly underdeveloped when it comes to tackling abuse within domestic settings in later life. There has been a tendency to view abuse in this context as 'elder abuse' and not 'domestic abuse'. Many of the disciplines that use the term elder abuse lean towards a response that individualises 'the problem' of abuse. The research findings from Dewis Choice demonstrate the need to adopt a wider socio-ecological perspective that recognises extrinsic vulnerabilities (factors external to the individual) such as; inaccurate risk assessment tools, a paucity of service provision and non-specific policy guidance and explore how these factors impact on individual decision-making and help-seeking.

[81] Harries, E. and de Las Casas, L., 2013. *Who Will Love Me, when I'm 64?* NCP and Relate, [online] available at: https://www.relate.org.uk/sites/default/files/publication-when-im-64-2013.pdf

[82] Clarke, A.H., Wydall, S., Williams, J.R. and Boaler, R.R. 2012. An Evaluation of the 'Access to Justice' Pilot Project. Cardiff: Welsh Government.

[83] Baxter, J. and Boyce, S. (2011*), 'The ageing population in Wales'* (p.66-71) in Key Issues for the Fourth Assembly, National Assembly for Wales Commission [online] available at: http://www.assembly.wales/NAfW%20Documents/11-026.pdf%20-%2020102011/11-026-English.pdf

[84]Office for National Statistics (2017) Expectation of life, high life expectancy variant [online] available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/expectationoflifehighlifeexpectancyvariantwales

[85] Mansell, J., Beadle-Brown, J., Cambridge, P., Milne, A. and Whelton, B., 2009. Adult protection: Incidence of referrals, nature and risk factors in two English local authorities. *Journal of Social Work*, *9*(1), pp.23-38.

9.3 Domestic violence and abuse and the co-existence of dementia

There are currently around 850,000 people living with dementia in the United Kingdom, the majority of whom are aged over 65 years. By 2051, the figure is expected to rise to almost two million one hundred thousand, with an estimated one in six people aged over 80 years having dementia. Changes in the brain, the most common of which is Alzheimer's disease, is a cause of 62% of all cases of dementia. Dementia can create changes in a person's mood and behaviour, sometimes leading to verbal or physical aggression.[86] Displays of aggression may have been part of a person's behaviour before they developed dementia, or may be an entirely new behaviour.

Dementia increases a person's vulnerability to economic, physical, sexual and psychological abuse by an intimate partner or family members. A study by Knight and Hester found that when DVA is a feature in a relationship, the onset of dementia is likely to increase the severity of the DVA.[87]

Findings from Dewis Choice show that when victim-survivors of abuse become a care-giver for a perpetrator who has dementia, the risk of harm increases significantly. The close proximity of the harmer to the victim-survivor makes it harder for them to keep themselves safe, given prolonged periods spent with the perpetrator providing daily care. Unfortunately, limited attention is given to the co-existence of dementia and DVA by policy-makers; this had led to an inadequate service response. Current service responses tend to concentrate on the dementia rather than a holistic approach to the person's needs.

Daily life for someone following a diagnosis of dementia is often full of fear and uncertainty. The individual and families involved in their care undergo emotional and physical adjustment in their public and private lives. Where the carer(s) are perpetrators, victim-survivors are subject to controlling or coercive behaviour, having to cope with their declining cognitive function, alongside experiencing DVA.

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[86] Alzheimer's Society. 2019. *Aggression and dementia* [online] available at: https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/aggression-and-dementia
https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/dementia_uk_update.pdf

[87] Knight, L. and Hester, M., 2014. Domestic abuse and dementia: What are the characteristic features and patterns of longstanding domestic abuse following the onset of dementia? SAFE The Domestic Abuse Quarterly Winter, pp.10-14.

It is important to recognise that a person with dementia can behave abusively towards their partner even when the relationship had once been positive. In situations where the dementia marks the onset of aggressive behaviour the causality of the abuse may be different, for example, caused by pain, confusion or fear, in these cases coercive and controlling behaviour may not be present. Given the different causality, it is important for practitioners to explore whether there has been a previous history of DVA, and whether the older person is/or has been supported by specialist domestic abuse services.

The rule of optimism

Unfortunately, many of the current models' professionals use for supporting people living with dementia tend to adopt a '**rule of optimism'**, that assumes intimate partners and family members provide the best possible care for their loved ones. The possibility that DVA and coercive control also features in the relationship **is frequently overlooked** when someone is diagnosed with dementia. It may be that the carer is the perpetrator of the DVA or that the individual receiving care is the perpetrator; however, given the prevalence of DVA throughout the life course, responding to DVA where dementia co-exists is a neglected field of research, policy and practice.[88]

With a lack of available training in this area, practitioners may find it difficult to identify the difference between care and control when they work with older individuals in receipt of care from partners and family members, particularly if the professionals contact with the older person is brief and infrequent.

As the 'rule of optimism' can disguise signs of DVA, practitioners may attribute increased confusion, declining mobility, displays of emotion and withdrawal to progressive dementia, rather than questioning whether the carer is abusive and using coercive and controlling behaviour to further isolate and control the older victim-survivor. When disclosures of DVA are made by older people, the 'rule of optimism' can lead to practitioners mistakenly attributing the behaviour to caregiver's stress, invoking a response that offers help and support for the perpetrator and not the victim-survivor. Attributing the abuse to stress shifts responsibility from the perpetrator onto the victim-survivor, leading to self-blame and legitimising further harmful behaviours.

According to the Alzheimer's Society, people with dementia have a higher risk of being socially isolated, a fact that is also true for those who are providing care in this context.[89] For an individual who is isolated and has dementia, they may be dependent on the carer who is causing them harm to assist them to attend appointments. Family members and partners may speak on behalf of the person with dementia and the

[88] Williams, J., Wydall, S. and Clarke, A. 2013. Protecting older victims of abuse who lack capacity: the role of the Independent Mental Capacity Advocate, *Elder Law Journal*, *2*(3), pp.167-74.

[89] Alzheimer Society (2019) Tackling loneliness in people living with dementia [online] available at: https://www.alzheimers.org.uk/blog/tackling-loneliness-people-living-dementia

voice of the older person can become lost. Thus, the older person may be accompanied during all interactions with service providers, minimising opportunities to disclose.

Disinhibition can lead to disclosures of historic or current sexual violence and DVA to formal and informal networks. It is likely that, as the dementia progresses, the individual with dementia becomes more disinhibited and does not fear the consequences of attempts to help-seek being discovered by the person causing harm. Perpetrators are aware of the increased likeliness of disclosures and may seek ways to further isolate the older person to avoid possible repercussions and increase victim-survivors dependency on them. The isolation of the older person is often not challenged because it is a characteristic associated with dementia.

When working with an older person who has experienced DVA, it is important to discuss measures they can put in place to help safeguard their long-term safety and minimise the risk of future abuse. For example, appointing a trusted person as Lasting Power of Attorney (See Adult Safeguarding section) could prevent an abusive family member from taking control over decision-making in the event of a loss of capacity due to developing a condition such as dementia.

Changing the culture

Whilst there is evidence in some Local Authorities of a significant shift in practice towards inter-agency working in the field of DVA and safeguarding, in some areas there still exists a cultural divide between health and social care practitioners and domestic abuse specialists.

Research suggests that adult social workers in particular are more likely to be uncertain of their role in relation to DVA and struggle to negotiate between safeguarding and DVA procedures operating in parallel.[90] Similarly, in cases where dementia and DVA co-exist domestic abuse specialists currently lack confidence to know how to continue working with victim-survivors where there is a diagnosis of dementia, this is not surprising given the lack of research in this area. Lack of professional confidence can restrict opportunities to put in place safety measures, both legal and holistic to protect the current and future needs and rights of the older individual.

The guidance on the following page will equip practitioners with appropriate methods to respond to this complex situation:

[90] Robbins, R., Banks, C., McLaughlin, H., Bellamy, C. and Thackray, D., 2016. Is domestic abuse an adult social work issue? *Social Work Education*, *35*(2), pp.131-143.

Practitioner key skills recap:

When you suspect that the older person with dementia is experiencing DVA ensure that you:

- Create a safe space for the older person to interact with service providers on their own, away from their intimate partner or family members;
- If the person with dementia has difficulty communicating ensure they are assisted to express their needs, using simplified language and communication aids;
- Do not dismiss what the person is telling you as confusion related to dementia. They may have difficulty clearly explaining a full account of events, but it is important to take what they are saying seriously, explore further and log concerns;
- Do not assume someone lacks capacity because they have a diagnosis of dementia, or a family member tells you they lack capacity;
- If there is an assessment of a lack of capacity ensure you check in what areas the person lacks capacity to make decisions;
- Where the person with dementia is assessed as having a lack of capacity consider the use of an independent advocate, who is not their partner or family member;
- Ask if the person with dementia has designated someone with power of attorney. If so, is this the person they are experiencing abuse from?;
- If the person with dementia has full capacity explore their options to designate power of attorney to a person they identify as safe;
- When a person states they are designated with power of attorney for a person with dementia ask to see a copy;
- Explore safety planning (see safety plan).

When the older person is experiencing abuse from a person with dementia:

- Create a safe space for the older person to interact with service providers on their own, away from the person with dementia they are living with and/or caring for;
- Encourage honest and open discussions about whether the older person wants, or feels able to, provide care for the person with dementia;
- Do not assume abuse is a new feature of the relationship caused by dementia. Ask about the behaviour of the person with dementia towards the older person before they developed dementia;
- Reassure that it is alright to seek help and support and encourage them to do so;
- Ask if the older person wants support to leave the relationship;

- Explore safety planning (see safety plan).

9.4 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) older people

This section explores the experience of older people who are LGBTQ+. Older people experience domestic violence and abuse (DVA) just as heterosexual people do, however, there are important differences to be aware of, and these will be outlined below.

"Domestic abuse, is seen as predominantly a straight [heterosexual] thing. And [involves a] man against a woman. I think that still filters into our own [LGBT+] community. We have worked with people who have been to the police and they have been told by a counsellor, it couldn't have been domestic abuse because it can't happen between two men… A lot of the services are geared towards people who identify as female."

LGBT+ Practitioner

People who are LGBTQ+ can experience "unique forms of abuse" from an intimate partner, or a family member of choice or a family of origin. Abusive behaviours from perpetrators include:[91]

- denying access to LGBTQ+ communities;
- controlling someone by threatening to "out" them, revealing their gender identity or sexual orientation to family, friends or community without their permission;
- manipulating gender roles to say they are the victim-survivor not the perpetrator, for example, with a female abuser;
- telling an individual no-one will believe them if they disclose DVA because of their sexual orientation or gender identity;
- ridiculing someone's identity or orientation, or refusing to recognise or acknowledge their sexual orientation or gender identity;
- refusing to use a person's correct pronouns, and purposefully mis-gendering them, for example, referring to a transgender female as "he";
- withholding access to hormone medication or refusing to allow access to gender reassignment surgery.

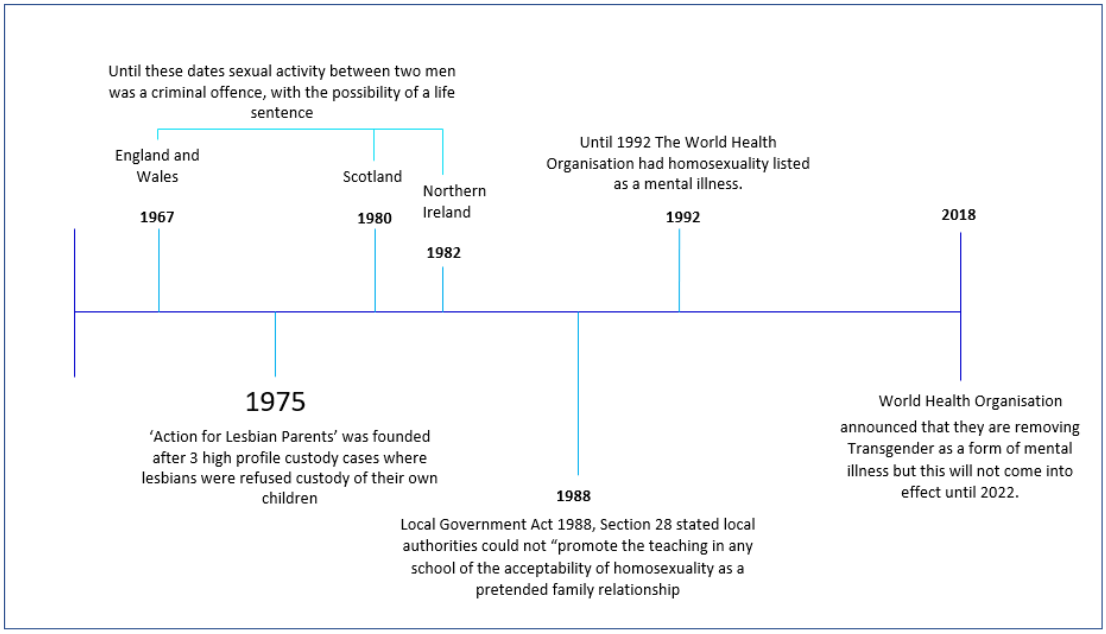
For a person aged 60 years and over who is LGBTQ+ and experiencing DVA, their ability to seek help can be negatively influenced by their historical, social and cultural experiences. The majority of older LGBTQ+

[91] Galop. (2019). *Domestic violence and abuse and the lesbian, gay, bisexual, and transgender (LGBT) communities* [online] available at: https://www.galop.org.uk/wp-content/uploads/Domestic-Violence-and-Abuse-and-the-LGBT-communities.pdf

people grew up in a society that did not recognise their gender or sexual identity, and for some criminalised them for expressing their sexuality.

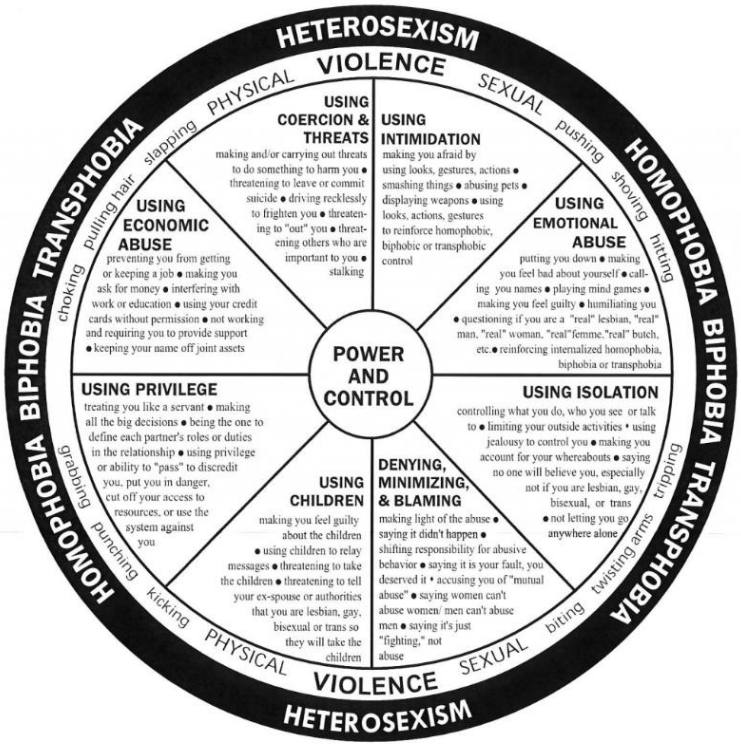
The timeline below provides an indication of key historical events for LGBT people in the United Kingdom.

Source: taken from timeline, Information UK LGBT Opening Doors 2018 [92]



Within the field of DVA, the Duluth Wheel pictorially presents DVA as a pattern of power and control. The model is widely used to provide a deeper insight into different perpetrator tactics. Below is an illustration of an adapted version of the Duluth Wheel that applies to LGBT people across all age groups.

[92] Opening Doors (2018) UK LGBT timeline, given as a handout at a training course entitled 'understanding the lives of older LGBT people.'



Source: Roe and Jagodinsky[93]

The LGBT rights charity, Stonewall commissioned a survey of people who are LGB and aged over 55 years.[94] Stonewall found that there were differences in the later life experiences of older people who are LGB, compared to those who are heterosexual. For example, older people who are LGB are more likely to be single and live alone, less likely to have regular contact with their biological family (family of origin). In addition, older LGB people are more likely to experience drug and alcohol problems, depression and anxiety, and have increased concerns about their physical health. The findings suggest older people who are LGB are far less likely to have support networks, especially in rural areas. As result of these needs, LGB groups more likely to have to rely on health and social care provision.

An older person who is LGBTQ+ may be estranged from their family of origin, or may not be "out" to all family members, making it difficult to disclose a partner's abusive behaviour to their family, as it would mean having to describe their LGBTQ+ relationship.

For example, Jennifer, a 73-year-old transgender female engaging with support from Dewis Choice, described how she could not turn to her biological family for support when she experienced DVA:

"I didn't want to come out before my father died. I didn't want to disappoint him too much, and it could have caused him a heart attack, and I couldn't have lived with that. I am still having trouble with my family,

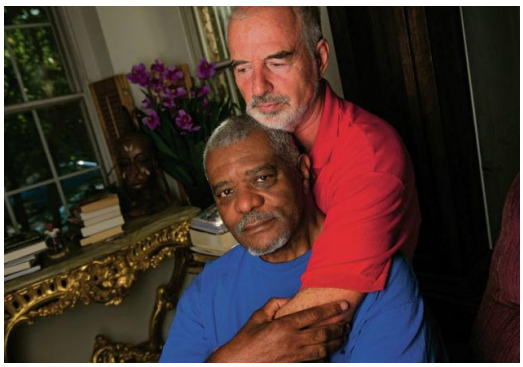
[93] The LGBT Power and Control Wheel was developed by Roe and Jagodinsky. Adapted from the Power & Control and Equity Wheels Developed by the Domestic Abuse Intervention Project. 206 West Fourth Street, Duluth, Minnesota 55806.

[94] Stonewall. (2011). *Lesbian, Gay and Bi-sexual people in later life* [online] available at: https://www.stonewall.org.uk/resources/lesbian-gay-and-bisexual-people-later-life-2011

my sister won't accept it, [my gender identity] she still thinks it [being a trans women] is wrong, if you get me… She [the sister] still insists on calling me by my male name, even after all this time. My sister's daughters were fine with it, but now their mother has turned them against me."

Jennifer, aged 73 years, Dewis Choice client

The example above, demonstrates how family members refused to recognise or accept Jennifer's gender identity. Older people who are LGBT+ can experience discrimination based on a range of intersecting features such as age, gender identity and sexual orientation. These factors act as a barrier to accessing both general and specialist services. In 2015, Stonewall conducted a survey with 3,001 health and social care professionals, including mental health professionals.[95] The findings highlighted discriminatory practice amongst practitioners, with a quarter of staff reporting that in the last five years they had heard colleagues make negative remarks about LGB people.



"Ageism, you know? You believe somebody young [who is a carer] who says, 'no I didn't hit them' to somebody [older gay man] who says, 'my boyfriend hits me.' It is that kind of dismissive kind of thing around older people, they [practitioners] don't really understand…

Tom, aged 82, Dewis Choice volunteer

"We hear other practitioners say, 'They [older people] won't want those gay fliers, this is the older people's ward.'"

NHS psychiatric nurse, LGBT+ mental health charity

The examples above demonstrate how some practitioners make assumptions on behalf of their older clients. A fear of negative, discriminatory responses from practitioners, particularly within statutory sectors can act as a barrier to effective help-seeking. It is disappointing to note that very few services in the United Kingdom indicate they are LGBTQ+ inclusive. For older LGBTQ+ victim-survivors', options to seek help from services can seem limited, leading to an increased sense of isolation.

[95] Somerville, C. (2015) *Unhealthy attitudes: The treatment of LGBT people within health and social care services*, Stonewall.

The process of "coming out" is continuous for older people when meeting people for the first time. Sadly, as a protective strategy, some older LGBTQ+ people report 'going back in the closet' and hiding their sexuality or gender identity, particularly they require a carer at home, or are moving to residential care.

For example, one older gay man with care needs described how he removed all his personal possessions from his home to avoid homophobic discrimination from his carers:

"They [older people] are not 'out' to their carers because of the fear of repercussion [from service providers] from the person who is going into their home every day. So, they are even more isolated because the services that are supposed to be freeing them from being isolated, actually, are putting that barrier in."

Practitioner in a befriending service for LGBTQ+ groups

Previous exposure to negative responses from practitioners in the criminal justice system or health services serve to inhibit the disclosure of DVA. These factors highlight the need for older people who are LGBTQ+ to receive a positive non-discriminatory response from practitioners.

This section provided a brief insight into the diversity within older population. Taken together ageist stereotypical assumptions of older people and assuming all people across three generations have the same needs is discriminatory. The co-existence of dementia and DVA was also highlighted, as were the difficulties identifying the differences between care-giver stress where the abuse is unintentional and DVA and coercive and controlling behaviour, an intentional pattern of behaviours. It is important to note that idealised assumptions about family life and caring roles may mask signs of DVA. The final part of this section considers the experiences of older LGBTQ+ victim-survivors of DVA. The next section provides safety planning guidance for practitioners working with older victim-survivors of DVA.

Useful links:

National LGBT Domestic Abuse Helpline
T: 0800 9995428
E: help@galop.org.uk

LGBT Foundation
Advice Support & Information
T: 0345 3 30 30 30

E: info@lgbt.foundation W: https://lgbt.foundation/

The practitioner key skills on the following page provide a simple guide to assist practitioners in their daily practice.

Practitioner key skills recap:

- State that your service supports older people who are LGBTQ+;
- Do not assume your service is inclusive of everybody, make is clear. Ensure your service is visible to older people who are LGBTQ+ by representing them in imagery and language on web based or printed material. For example, the LGBTQ rainbow and flag;[96]
- Do not assume an older person is heterosexual and that their current or past partners are the opposite sex;
- Do not assume heterosexuality based on the individual's past relationship history;
- Avoid using gendered language, such as husband or wife, and pronouns, such as he or she, instead use neutral terms, such as, 'partner' and 'they';
- Do not assume an older person who is LGBTQ+ is "out" in all areas of their life. They may be 'out' to close friends but not out to their family of origin, or in certain social settings. If you are unsure, always ask;
- Be aware of the additional unique forms of abuse an older person who is LGBTQ+ may experience as outlined above;
- Provide training and challenge inappropriate or discriminatory responses from other practitioners and promote institutional advocacy by demonstrating a positive response to disclosures;
- Ask the individual what they need and how you can support them. Seek advice from specialist LGBTQ+ services and offer to assist people to access specialist services if they want to, but also make it clear you are there to support them;
- Remember, some older people who are LGBTQ+, who were previously 'out', feel they have to go back 'into the closet' if they are about to engage with care provision, both in their own homes and in residential care. Respect their choices;
- Ensure any data collection methods used are inclusive of diversity, including gender and sexuality.

[96] Shamsian, J. (2018) How the rainbow became the symbol of LGBT pride, Insider 1 June [online] available at: https://www.insider.com/why-rainbow-lgbt-gay-pride-2017-6

10. Safety Planning

10.1 Individualised safety plan – guidance

For a safety plan to be effective it should be tailored to the individual's unique circumstances, in particular, the relationship between the older person and the abusive person. The actions in a safety plan should feel achievable, taking into account of what has, or has not, worked in the past, and avoiding actions that may increase risk. The plan will vary depending on whether it is to be used for increasing safety when:

- the older person shares a home with the abusive person;
- the abusive person visits the older person's home;
- the older person is leaving, ending or changing the relationship with the abusive person.

The safety plan should be as simple as possible, concentrate on key areas of concern, and be revisited frequently. The safety plan should only be taken home if it is safe to do so and should not be kept where the abusive person is likely to find it.

The following chart contains suggestions to explore and consider when assisting an older person in making an individualised safety plan. Some of the suggestions involve informing others about the abuse but this should not be done without the consent of the older person.

1. Identifying who can help and how

- Who can the safety plan be safely shared with?
- Who can be called for help and what do they need to do?
- Is there someone who can call the older person at regular intervals to check they are alright?
- Agree a code word or phrase with an identified safe person to signal to them they are at risk and need them to get help on their behalf without the abusive person being aware.
- Is there a neighbour they can confide in, and how can they signal to them if they need them to call for help? i.e. turning lights on/off in certain rooms, blinds half shut.
- Ensure the all those involved in safety planning know how to respond, for example, to call 999 and not challenge the abusive person.

2. Calling for help

- Identify who to call, in which situation, for example, the police or a family member.
- Identify how to call for help. Is a home phone accessible and will the older person be able to access it in an emergency? Put emergency numbers on speed dial. If a mobile phone is used, ensure it is charged, accessible and has credit.

- Ensure the older person knows how to make a silent 999 call. If the older person calls 999 from a landline and is not able to talk, an operator will listen and, if they are concerned will transfer the call to the police. The operator may ask the caller some questions or to indicate they can't talk by asking them to cough.
- **Silent solution 55** - If a mobile phone is used to call 999 and the older person cannot safely speak, they will be asked by the operator to tap 55 on their keypad to indicate they need a police response.
- **999 Relay (Deaf, hearing or speech difficulty) –** A person who has difficulty making an emergency voice call can register to use 999 Relay. A text enabled phone or mobile phone is required and details of how to register can be found at: https://www.relayuk.bt.com/
- Does the older person use a personal alarm, for example, to call for help if they fall? Inform the provider the individual is at risk of harm and request the supplier provides a police response, alongside a medical response, if the alarm is activated.

3. Leaving the home safely in an emergency

- Is it safer to leave, or stay at the property and call for help?
- How will they leave the property daytime/night time?
- What transport will they use and at what times of day is this available, for example, does a taxi firm stop taking calls at a certain time of night?
- If they have access to a vehicle, ensure that, it is not blocked in, parked in the direction of travel, and they have the keys accessible at all times or keeping a set of spare keys somewhere.
- What do they need with them? See emergency bag.

4.1 Emergency bag

- Whether an older person is in the stages of planning to leave, or if they currently plan to stay in a relationship with an abusive person, it is advisable to have an emergency bag prepared in the event they need to leave their home quickly to protect their safety.
- An emergency bag should be stored where it can be accessed quickly and not discovered by an abusive person, for example, with a trusted family member or friend. Money and contact details also need to be kept immediately accessible to the older person.

4.2 Items to consider including in an emergency bag:

- Important telephone numbers, contact details
- Money, debit and credit cards, bank details
- Medication and prescriptions

- Important documents (or copies of these), for example, identification, birth certificate, passport, benefits details
- Mobility aids, glasses, hearing aids (batteries), continence and sanitary products.
- Change of clothes
- Other small items of importance, for example, photo's, jewellery etc.
- If planning on taking a pet, items needed for pet care.

5. Making the home safer

- Ensure doors are secure, locks are changed if necessary, and a door chain is fitted (If the older person has limited dexterity ensure locks and chains can be easily operated).
- Fit a coded key safe to store a spare key and only share the code with a safe person.
- Fit window locks where possible.
- Discuss home security, for example, ensuring doors are locked and checking who is at the door before answering.
- Discuss what actions the older person will take if the abusive person seeks access to their home.
- Arrange for the local fire service to carry out a free fire safety check and check, or fit, smoke detectors.
- If the harmer is no longer living in the home arrange for removal of the harmer's belongings from the property, to remove excuses to return to the property. For example, arrange for a mutual friend or family member to store or return them, if safe to do so.
- Try to stay near door/exit/phone
- Be aware of rooms/spaces with additional hazards i.e. kitchen, stairs, room with no exit route.

6. Weapons (what could be used as a weapon?)

- When checking if an abusive person has access to, has used, or threatened to use a weapon, ensure any item that could be used as a weapon is considered. For example, have they thrown a heavy item at the older person or hit them with a walking stick?
- Discuss withdrawing to a room where items that can be used as weapons are less accessible or where it is easier to move beyond their reach. If possible identify a room that has access to the outside.

7. Medication

- If the older person takes medication, does the abusive person control, restrict, or threaten to restrict access to the medication?

- If so, can this be prevented or a small quantity of medication kept in a secure place for the older person to access if necessary?

8.1 Financial considerations

- Check if someone who has committed financial abuse is registered as a Power of Attorney for finances and consider removing them.
- Inform the bank about financial abuse, and asking them for advice and to put measures in place to help prevent further abuse. For example, requesting to speak to the account holder alone if they arrive at the bank accompanied.
- Ask the bank to cancel compromised debit and credit cards and internet banking.
- Alter the date bills are paid by direct debit, to coincide with income paid in, for example, pension and benefits payments, being paid in. This helps to ensure important bills are kept up to date before the older person is pressured to give money and less money is available for access by the abusive person.
- Set up a savings account that can only be accessed in person by visiting the bank.

8.2 Financial considerations - leaving or just left a relationship

- Open an individual bank account and transfer incoming payments over form joint account, for example, state and private pension, benefits.
- Transfer half of jointly held assets immediately from joint accounts.
- Ask the bank for advice on closing or severing a joint bank account. If it is not viable to do so immediately, ask the bank to restrict or end overdraft facilities to reduce future liability for someone else's debt.

9.1 Dementia - When the older person experiencing abuse has a diagnosis of dementia

- Forward plan and put measures in place as early as possible following diagnosis.
- Explore whether the person wants help to leave, or end a relationship with, the abusive person.
- Explore options for independent or supported living.
- Remember, strategies that have worked in the past may no longer work, as a person may not be able to recall how to keep themselves safe effectively.
- Identify one or more safe and trusted people, for example, family members, friends, neighbours, to inform about the abuse and share a safety plan with.
- Identify a safe and trusted person to appoint with Power of Attorney, while the person still has full capacity.
- Removing Power of Attorney from an abusive person.

- Ensure practitioners involved with a person are aware of the abuse, for example, GP and healthcare practitioners, social worker, dementia specialist, care provider.
- Make an "Advanced Statement," detailing what a person's wishes are, for example, who they do or do not want to provide care for them. An advanced statement is not a legally binding document but must be taken into consideration by people making decisions on a person's behalf. The statement must be made and signed while someone still has capacity, and placed somewhere safe, for example, with medical notes.

9.2 Dementia - When the older person is experiencing abuse from someone with a diagnosis of dementia

- Identify if the person was abusive before their diagnosis of dementia.
- Explore whether the older person wants help to leave, or end a relationship with, the abusive person.
- Explore if the older person does/does not want to provide care for the person and in what form. For example, may be comfortable with providing meals but not providing intimate care.
- Identify signs that someone is becoming agitated or aggressive and use identified methods to calm the situation, or remove themselves to a place of safety.
- Explore strategies that have, and have not, worked in the past and assess if they are still effective.
- Identify people who can be called for assistance.
- If possible, create a safe room in the home that:
  - ✓ can be locked, or secured with a door wedge;
  - ✓ has a telephone fitted (or remember to take a charged mobile phone);
  - ✓ has a supply of essentials, for example bottled water, snack, necessary medication, blanket.

10. Pets

- If there are pets in the home, and the older person does not feel able to leave them, they should be included in the safety plan.
- It should not be assumed that an older person will prioritise their own safety over the safety, or separation from, a beloved pet.
- Pets can be a great source of comfort and companionship to a person experiencing abuse but they can also be used by an abusive person to exert further control.
- Can pets go with the older person to their identified place of safety?
- Identify someone who is willing to have the pets temporarily at short notice.
- Some animal charities will arrange to temporarily foster the pets of victims of domestic abuse. Contact them for advice in advance.

10.2 Individual safety plan – Template

- People I will share my safety plan with: ……
- I can call for help using: ……..

  (e.g. home phone, mobile, pendant alarm)
- Who I can call safely if I need help: ……

  (In emergency call 999)
- I have planned with the above how to tell them safely I need help: ……

  e.g. code word, and what action they need to take: ……
- If I need to leave quickly, the safest way is: ……
- Where I will go and how I will get there day/night: ……

  ……
- Who I will contact and how: ……
- I have an emergency bag packed with the following items, in the named place: …….

  ……

  ……
- If I cannot leave, the following is the safest room I can use, and what I need to keep there: ……
- Actions I can take to help keep me safe: ……

  ……
- I have told the following people (e.g. neighbour) how to recognise I am at risk and what I need them to do: ……
- Plans for my animals: ……

11. Intensive Support, Safety Planning and Promoting Wellbeing

11.1 Five areas of wellbeing

It is well-known that domestic violence and abuse (DVA) significantly effects victim-survivors' long-term health and wellbeing, particularly if the abuse is historic and their needs have not addressed.[97] With appropriate care and support the consequences of abuse can vastly improve victim-survivors wellbeing.[98]

The five areas of wellbeing model have largely been informed by the 'lived experiences' of older victim-survivors involved with the Dewis Choice Initiative. The longitudinal research design, prospectively captured the voices of the victim-survivors through various stages in their help-seeking journey. In addition, the wellbeing model has been developed by data obtained from:

- focus groups with community members and practitioners exploring what people value in later life;
- guided conversations with eight Dewis Choice practitioners who provided long-term and intensive support to over 90 older people, gleaning their views on how they promote the subjective wellbeing of their clients and support them in their recovery journey;
- weekly reflections from the Dewis Choice practitioners that explored justice and wellbeing for each individual client and across the clients.

The findings from the research supported the need for intensive and long-term recovery work with older victim-survivors to help repair the harm caused by perpetrator tactics. The findings highlighted five key areas of wellbeing that victim-survivors wanted during their help-seeking experience and their recovery from abuse. The five areas were: validation, social connectedness, space and self-compassion, environmental mastery, and assertiveness and boundaries. Each area will now be considered individually.

11.2 Validation

Validation involves listening and accepting the unique experience of an individual, whilst recognising the impact the DVA has had on them. Validating the DVA experience of an

[97] McGarry, J. and Simpson, C. and Mansour, M. (2010). How domestic abuse affects the wellbeing of older women, *Nursing older people*, *22*(5), pp. 33-37.
[98] Golding, J. (1999), Intimate partner violence as a risk factor for mental disorders: a meta-analysis, *Journal of Family Violence,* 14(2), pp. 99-132.

individual is an important step for practitioners in developing trust and providing a safe space for the individual to disclose what has happened to them. Practitioners should respond by demonstrating an understanding of the individual's experience in a non-judgemental manner and affirming they have a right to feel the way they do. Our research has shown that people who feel validated are more likely to engage with support and be open to explore possible solutions with practitioners.[99]

Perpetrators of DVA, including coercive control **invalidate the emotional impact of the DVA on the older person**. Perpetrators often tell the victim-survivor no one will believe them, they are imagining what is happening to them or the victim–survivor is to blame for the perpetrator's behaviour, reinforcing fear of disclosure.[100]

In long-term relationships, the individual may have attempted to seek help from family, friends or professionals at earlier points of the relationship and received an inadequate response inhibiting help-seeking efforts. Victim-survivors engaging with Dewis Choice described being told early on in the relationship by family members and friends, "you have made your bed, now you have to lie in it." Such a response to a disclosure is victim-blaming, placing responsibility on the victim-survivor, whilst **invalidating the distress and fear the individual is feeling**. Alternatively, family members may have tried to persuade the individual to leave the perpetrator and not understood why they felt unable to do so because of a limited understanding of coercive control and the increased risks involved with leaving a perpetrator.

Our research suggests that practitioners might not understand how coercive and controlling behaviours present in later life, nor acknowledge that DVA is a pattern of abuse.[101] A finding that was particularly true when the perpetrator was an adult child or grandchild. A lack of understanding by practitioners may lead to a response that invalidates the victim-survivor's experience and negatively affects their help-seeking experience.

Examples of "invalidating" responses from practitioners:

Practitioners responding to older people who have experienced DVA from adult family members, should be aware of the complexity of relationships in different families and **avoid providing responses that invalidate the individual's experiences**.

For example, Gwen, who was receiving support following physical, emotional and financial abuse from her adult granddaughter, shared with the Dewis Choice Wellbeing Practitioner what a police officer had said to her:

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[99] Wydall, S. and Zerk, R. 2017. Domestic abuse and older people: Factors influencing help-seeking. *The Journal of Adult Protection*, 19(5), pp. 247-260.

[100] Wydall, S. and Zerk, R., 2020. 'Listen to me, his behaviour is erratic and I'm really worried for our safety…': Help-seeking in the context of coercive control. *Criminology & Criminal Justice*, 0(0).

[101] Wydall, S., Zerk, R., & Newman, J. (2015). *Crimes against, and abuse of, older people in wales–access to support and justice: working together.* Office of Older People's Commissioner for Wales, Cardiff.

"The officer said he understood why I didn't want to press charges. He said he wouldn't want to see his granddaughter go to prison either."

Gwen, aged 79, Dewis Choice client

In an attempt to show sympathy, the officer related Gwen's experience to his own family circumstances and how he felt about his own granddaughter. Instead of validating Gwen's experience, the comments reinforced Gwen's fears that it would be socially unacceptable to support a criminal prosecution against her granddaughter. The officer's response failed to recognise Gwen's individual experience, the impact the DVA had had on her, and her conflicted feelings towards her granddaughter.

How practitioners can support validation

Practitioners can help validate the experience of the older person by **taking time to listen empathically to the individual's story**, supporting them to explain what is happening to them. Actively listening, reflecting back with language the individual is comfortable using and moving at their pace, helps build trust with the practitioner and a sense of being heard and believed for the victim-survivor. It is important for practitioners to validate strong emotions, including anger, fear and self-blame as an acceptable and understandable response to DVA.

Individuals accessing support from Dewis Choice stated that **when they felt listened to, they felt they had the confidence to share with others** their experiences, including family members and friends.

Client-led language

Awareness raising campaigns have traditionally been targeted at young women, often with small children, experiencing physical abuse.[102] As a result, **older women and men may not identify themselves as victim-survivors of DVA**, and do not have the language of DVA to explain what is happening to them, creating a barrier to accessing support. **Practitioners can ask the older person to describe what is happening and how it makes them feel can enable disclosure.** Research has highlighted that one of the reasons given by victim-survivors for not disclosing DVA earlier **was that nobody asked them about their circumstances.[103]**

Practitioners working in DVA settings are familiar with the language used to describe DVA. However, for an older person, introducing terms such as abuser, perpetrator, assault, violence, can create barriers to engagement, particularly when DVA is being caused by a

[102] Wydall, S. and Zerk, R. (2016) 'Barriers & Enablers to Help-seeking & Engagement for Victim-survivors of Domestic Violence and Abuse', paper presented at the Against Violence and Abuse, 23rd November 2016.

[103] Lutenbacher, M., Cohen, A. and Mitzel, J. (2003). Do we really help? Perspectives of abused women, *Public Health Nursing,* 20(1), pp. 56-64.

younger family member. By adopting the language the older person is using, practitioners can help to build trust and facilitate further disclosure. The research suggests that using language that described the perpetrator's behaviour, rather than labelling the perpetrator, encouraged engagement.

Working at the individual client's pace

Choice Support Workers and the Choice Wellbeing Practitioners working on Dewis Choice found older individuals experiencing DVA often take longer to share their experiences than their younger counterparts. Practitioners should be prepared to move at the pace of the individual, clarifying key points, and helping to piece the information together. Our research has found that more time invested at an early stage can lead to a more informed identification of risks and effective safety planning.

Validation in practice

> *Annie, a Dewis Choice client*
>
> *Annie, aged 83 was referred to Dewis Choice following an assault by her son, Andrew, aged 62. Andrew had arrived at Annie's home in an agitated state and following a disagreement, grabbed Annie by her arms, shouting at her, before hitting her in the face. Annie confided in her younger son, Paul, who persuaded her to get checked over by her general practitioner (GP). The GP encouraged Annie to report the incident to the police but she only disclosed one incident, and did not want to support a prosecution. The Dewis Choice Wellbeing Practitioner asked Annie about her son's relationship with her husband, who had died 6 months previously. Annie talked extensively about her husband and the impact of his death on the family, explaining that Andrew had never appreciated the support her husband had given him. The Dewis Choice Wellbeing Practitioner asked if Andrew had ever been physical towards his father. Annie disclosed Andrew had always been "hot tempered" and verbally abusive, pushing his father on several occasions during the months before his death.*

The Choice Wellbeing Practitioner spent two hours with Annie on their first meeting, validating her experience by actively listening, whilst Annie talked about the loss of her husband, her concerns for her own health, and relationship with her two adult sons, daughter-in-law and grandson. The information detailed the history of a pattern of behaviour by Andrew and an escalation of DVA towards Annie's husband and herself. Annie described feeling heard and understood, forming the basis for a relationship of trust with the Choice Wellbeing Practitioner. The information gained by the Choice Wellbeing Practitioner allowed for a greater understanding of the dynamics of Annie's family, providing the basis for both immediate safety planning and ongoing wellbeing work with Annie.

Practitioner key skills recap:

- Reassure the older person you are a safe person to talk to and you will not share information without their consent, but you have a duty to share information if someone is identified as at risk of serious harm;
- Show an interest in the individual's story, giving them your full attention;
- Move at the pace of the individual and avoid interrupting unless it is to clarify or confirm key information;
- Reflect back to the older person what they have said, demonstrating your understanding and clarifying it is correct;
- Respond using the language the older person is comfortable with;
- Avoid using language and terms that could be misinterpreted or misunderstood;
- Affirm that the older person has a right to feel upset, distressed, afraid and angry and be comfortable with them expressing their emotions;
- Build a relationship and trust before exploring difficult and painful experiences.

11.3 Social connectedness

Relationships most beneficial to health and wellbeing are those which are emotionally supportive in nature. Individuals with high levels of social connectedness are more likely to form supportive relationships.[104] An individual's social connectedness is measured by the quality and the number of social interactions they have with others in their day-to-day life. Social interactions include any type of contact with another individual or group, for example, spending time with those they are in intimate relationships with, a consultation with a GP, paying a cashier for groceries, or chatting online with a friend.

High levels of social connectedness are a contributory factor for promoting positive mental and physical health. Over an individual's lifespan, **social connections that are positive in nature have been shown to contribute to longer life,** when

[104] NHS Cambridge and Peterborough. 2016. *Mental health support* [online] available at: https://www.cpft.nhs.uk/Latest-news/good-relationships-key.htm

compared with individuals who have poor social connections and experience social isolation.[105] In later life, there can be an emphasis on relationships with family but **there is evidence to suggest positive friendship networks contribute as much, and in some cases more, to wellbeing in older age than family networks.[106]**

The importance of spending time with friends in older age was highlighted in a series of research focus groups, facilitated by Dewis Choice, involving 215 older people, exploring the theme of supportive networks. Older male and female **participants stated they placed a high value in being part of a peer group, where they felt accepted, understood and had shared interests and experiences.**

Individuals who had limited or no contact expressed the value of peer support with family, and for those who felt they had good relationships with family members.

How DVA can socially isolate an older person

Victims-survivors of DVA are often socially isolated and have limited individuals in their social network who can offer support.[107] Social isolation has been linked with increased risks of developing health conditions including, coronary heart disease and dementia,[108] and viewed as a contributory factor in shortening life expectancy. Perpetrators of DVA actively ensure that the victim-survivor becomes increasingly isolated so they can increase the level of coercive and controlling behaviours towards that individual. The most obvious form of social isolation is **deliberate behaviour by the abusive person to prevent the older person from forming new networks or maintaining connections** with family, friends, and community, including service providers.

Perpetrators can act to restrict and closely monitor the social interactions of the individual to prevent them from being able to disclose and seek help for the DVA they are experiencing. Older individuals who have experienced long-term DVA from an intimate partner may have become isolated from family members, including parents and siblings, over decades. The abusive behaviours of the perpetrator may have prevented the victim-survivor from forming close friendships. Lindsay describes how the perpetrator had isolated her from her family at a young age:

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[105] Umberson, D. and Karas Montez, J., 2010. Social relationships and health: A flashpoint for health policy. *Journal of health and social behavior*, *51*(1_suppl), pp.S54-S66.

[106] Gouveia, O.M.R., Matos, A.D. and Schouten, M.J., 2016. Social networks and quality of life of elderly persons: a review and critical analysis of literature. *Revista Brasileira de Geriatria e Gerontologia*, *19*(6), pp.1030-1040.

[107] Cosgrove, S., Barron, J., & Harwin, N. (Eds.) (2008). Power to change: How to set up and run support groups for victims and survivors of domestic violence. Budapest, Hungary: Possum. Levendosky, A.A., Bogat, G.A., Theran, S.A., Trotter, J.S., Eye, A.V. and Davidson, W.S., 2004. The social networks of women experiencing domestic violence, *American Journal of Community Psychology*, *34*(1-2), pp.95-109.

[108] Seegert, L. (2017) 'Social isolation, loneliness negatively affect health for seniors', Association of Health Care Journalists, 16 March. Available at: https://healthjournalism.org/blog/2017/03/social-isolation-loneliness-negatively-affect-health-for-seniors/

"I met him when I was 16. My family hated him and tried to get me to leave, in the end they stopped coming around. He let me have a dog so I could have a friend."

Lindsay, aged 67, Dewis Choice client

Major life changes such as **retirement can have a dramatic impact on reducing the opportunities to connect with others socially.** An individual who has maintained social networks through their work, or engaging with family, friends and community while their partner was at work, may now find themselves isolated by their partner 24-hours a day**.**

A less obvious form of isolation is **self-isolation, which can result from the older person distancing themselves from others, including family, through their own fear of the DVA being exposed and the possible repercussions.** Individuals engaging with support from Dewis Choice who experienced DVA in new relationships in later life reported hiding the fact that their new partner was a perpetrator of DVA from their adult children due to embarrassment. Some individuals explained they felt uncomfortable as parents asking for support from their children, whilst others felt ashamed they "should have known better than to get into this situation."

Findings from the Dewis Choice longitudinal study suggest, that older victim-survivors would sometimes **hide, minimise or excuse DVA caused by an adult child or grandchild, from other family members** because they were fearful of damaging family relationships, or receiving an unsupportive response from wider family members. Meinir described how seeking a criminal sanction lead to a court fine which her adult son was not able to pay. Although Meinir wanted her son to be found guilty of the assault she did not want him to be imprisoned. The perpetrator did not have the financial means to pay for the fine and therefore, Meinir made the payment for the offence committed towards her on his behalf.

"He [the harmer] didn't have the money for the court fine and, if I didn't pay it, he would have gone to prison. Yes, his sister knows I send him money but not how much. Yes, I can pay the bills, I will just have to go without for a bit."

Meinir, aged 91, Dewis Choice client

Being aware of the causes of social isolation

When engaging with older people who have become socially isolated, practitioners should be mindful of the causes. Sometimes practitioners lead to the assumption that with increase in age, there is a decrease in social networks.[109] However, this is not always true and it is

[109] Wydall, S. and Zerk, R., 2017. Domestic abuse and older people: Factors influencing help-seeking. The Journal of Adult Protection, 19 (5), pp. 247-260.

important to recognise that **the older person may be experiencing DVA and someone close to them is deliberately isolating them.**

Questions to consider are:

- ✓ Has someone, who was previous socially connected and took part in activities, stopped seeing friends or going to community clubs? If so, what has changed in the individual's life? Has their partner retired, or a family member moved in with them?
- ✓ Has an older person started to miss appointments or, does someone always accompany them when they attend appointments?
- ✓ Has an older person suddenly stopped inviting visitors to their home?
- ✓ If an older person has always been socially isolated, was this their choice and do they want things to change?

How practitioners can promote social connections?

Practitioners can help promote social connections where an older person is currently living with DVA and during recovery, starting by exploring the older person's existing social connections and identifying those that are positive and supportive. While living with DVA **social connections can play a role in providing time and space from the perpetrator, but can also be a protective factor in providing opportunities for disclosure and effective safety planning.**[110] Practitioners should ask the older person to identify who they feel they can confide in. Once the victim-survivor has disclosed who is a safe contact, a plan can be put in place to involve the contact, describing what to do if the victim-survivor calls them for help or they become concerned.

"My neighbours phoned the police. My granddaughter made me stay in the bedroom, I think it was two weeks… Jane [neighbour] knocked and they said I was ill. She knew something wasn't right, so she went to Anne's [neighbour] and they called the police."

Pat, aged 76, Dewis Choice client

It is important not to make assumptions about the type of social connections an individual wants or enjoys. Ask what the older person likes to do or would like to try. Do not just focus on planned activities but also explore how the individual is more broadly socially connected and embedded in their community.

Barriers to building social connections may be physical such as transport, mobility, finances or location. However, whilst some older people are content with only a few key contacts, others may wish to engage with a wide number of groups and individuals. Barriers also may

[110] Hydén, M. (2015). What social networks do in the aftermath of domestic violence, *British Journal of Criminology*, *55*(6), pp.1040-1057.

be psychological; thus, the older victim-survivor may feel they lack the social skills or confidence to enter new social situations. Offering to join the victim-survivor in a new activity, or linking them with a person or service who can do so, can be hugely beneficial. Practitioners can encourage the older person to make contact with services whilst they are present, offering help and support on putting a plan together on what they would like to say. This approach helps to develop the older victim-survivors confidence to engage with services.

Practitioner key skills recap:

- Create opportunities and a safe space to speak to the older person on their own;
- If you are carrying out a health, benefits or care assessment, ensure at least part of the assessment is carried out alone with the older person;
- Reassure the older person that you will not share something they tell you in confidence with their partner or family member;
- Ask whom the older person trusts and feels they can confide in, it may be a family member, friend or practitioner;
- Do not presume social isolation and lack of engagement with social networks is a natural consequence of older age;
- Ask if the older person feels able to have visitors to their home and if not, why?;
- Ask whom the older person enjoys having contact with, or if they have lost contact with someone and would like support or advice on how to get back in touch;
- Find out what activities the older person likes, or would like to do and identify what barriers are preventing them from engaging;
- Find out what social activities are available in the older person's local area and help them plan how to access them;
- Walking into a new group for the first time can be intimidating, especially if a person is not used to doing so or has lost their confidence. Offer to go with them to make introductions, or check which agencies/voluntary groups in their area provide services to help older people re-engage socially;
- Support the older person to confidently engage with service providers.

11.4 Space and self-compassion

The research from Dewis Choice showed that many of the older victim-survivors were unable to allow themselves time for self-compassion. Self-compassion is the ability to show compassion, understanding, and care to oneself in the way people would towards others.[111] Self-compassion also involves recognising and responding positively to one's own distress and suffering, acting to sooth oneself by engaging in activities that are comforting and make individuals feel good.

Studies have linked the importance of self-compassion with subjective well-being in older adults, particularly the willingness to accept and engage with methods of support.[112]

Self-blame

The opposite of self-compassion is self-blame, where individuals view negative experiences as the result of their own failings or inadequacies. Older people experiencing DVA from an adult child or grandchild can express self-blame, linked to feelings that the abuse is a result of their own failings as a parent. **Individuals can find it difficult to step back and view their "child" as an adult**, who is responsible for their own actions.

"I wake up at 5am and think, what did I do wrong for my daughter to treat me like this?"

John, aged 83, Dewis Choice client

Practitioners should be mindful of expressions of self-blame. Although self-blame is a common response from individuals experiencing DVA, it can also be an indicator of poor mental health, particularly when linked to intrusive ruminating thinking styles.

Intrusive rumination

A further finding from the Dewis Choice longitudinal study was the degree to which older people worried excessively; repeating their negative experiences of help-seeking for the DVA verbally or in their heads. Intrusive rumination is where a person experiences intrusive negative thought or reflects on a negative experience, and gets caught in a cycle of trying to mentally solve problems without being able to reach a positive outcome.

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[111] Neff, K. 2012. *Definition of self-compassion* [online] available at: https://self-compassion.org/the-three-elements-of-self-compassion-2/

[112] Hoffman, C.J. 2016. *Self-compassion and well-being among older adults* [online] available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3604984/

Intrusive rumination is strongly linked with anxiety, depression and Post-Traumatic Stress Disorder (PTSD), and has been linked to suicidal ideation in older adults.[113]

For victim-survivors involved with Dewis Choice who sought protection from the law or engaged with justice processes, intrusive rumination was a common experience. Not hearing back from professionals when they had promised to update the older person exacerbated rumination. Older people who experience DVA, particularly those who have become isolated, may wake with disturbing, intrusive thoughts and have little to distract them throughout the day to break the rumination cycle.

The research findings from Dewis Choice suggests that older victim-survivors who described negative ruminating behaviour often had high levels of anxiety, experiencing difficulty sleeping and retaining information. In attempts to alleviate their distress, some older individuals would repeatedly call services to seek help, information and support. Afraid to miss the call back from practitioners, individuals described how they would stay in and wait by the phone, which lead to them becoming more distressed. Clients found a brief response from practitioners, even to let them know there was no new information, was beneficial. In addition, practitioners could make clients aware of the times during the day, or week, when they would not able to respond. The use of text, email or secure instant messaging, where safe to do so, was also extremely helpful to give a quick response.

Overcoming rumination

Practitioners can help to limit intrusive rumination by recognising the behaviour, taking it seriously, and encouraging the older person to seek help from their GP and access to counselling services. Practitioners can also help the older person to develop strategies to alleviate the rumination. Strategies can include:

- focusing on the elements of help-seeking the individual can control;
- developing conversations about the next steps in help-seeking, accepting that what has happened, has happened, and can't be changed;
- **adopting distraction techniques**, by exploring and encouraging activities that give the older person temporary relief;

[113]Brinker, J.K., 2013. Rumination and reminiscence in older adults: implications for clinical practice. *European journal of ageing*, *10*(3), pp.223-227.

- acknowledging the unpleasant intrusive thought, then let it pass without getting drawn into a dialogue with this thought;
- suggesting the older person sets aside **"worry time,"** a time-specific slot when they allow themselves to worry. Intrusive thoughts that arrive at other times can be set aside for worry time, breaking a cycle of trying resisting these negative thought processes;
- practicing **"parking" problems that cannot be resolved immediately** by setting a time at a future date to work on resolving the problem;
- avoiding being drawn into co-rumination, the action of joining the older person in constantly reframing what has already happened and the possible outcomes.[114] Instead, **draw the focus to future solutions**;
- **regularly update the client with information**, even briefly, to let them know there is no new information, and writing down information about any changes in a clear format free from acronyms or jargon.

Promoting self-compassion

Practitioners can encourage self-compassion by acknowledging the older person who has experienced DVA has a right to feel distressed, afraid, angry, whilst reassuring it is normal for a person to feel these emotions. Practitioners should **reinforce that the perpetrator is responsible for their own behaviour**. Avoid asking why the older person did not seek help earlier, instead ask, **what made you feel able to seek help now?**

Self-soothing activities

Practitioners should explore what activities the older person finds comforting and positive for their well-being and encourage them to make time for these. Older people engaging with the Dewis Choice service cited some of the following activities that provided comfort and space away from DVA and during recovery:

- Physical exercise such as swimming and walking, either alone or with a group;
- Walking the dog;

[114] Carlucci, L., D'Ambrosio, I., Innamorati, M., Saggino, A. and Balsamo, M., 2018. Co-rumination, anxiety, and maladaptive cognitive schemas: when friendship can hurt. *Psychology research and behavior management*, *11*, p.133-144.

- Curling up in an armchair, with a hot water bottle, wrapped in a blanket;
- Arts and crafts, including drawing, painting and ceramics;
- Relaxing in the bath, locking the door and switching off the phone;
- Volunteering, providing support for others;
- Attending church, religious group;
- Activism, campaigning for the rights of others;
- Learning a new skill;
- Engaging in social activities with friends;
- Playing computer games.

The activities cited are as diverse as the older people undertaking them, challenging ageist stereotypes and reinforcing the importance of responding to older people as individuals.

Practitioner key skills recap:

- Recognise self-blame and encourage the older person to show compassion to themselves in the same way they would to others;
- Reinforce that the perpetrator(s), whether partner or adult children are responsible for their own behaviour;
- Recognise that harmful rumination could be an indicator of depression, anxiety, Post Traumatic Stress Disorder (PTSD) and encourage the older person to talk to their GP about how they are feeling and seek professional support;
- Help the older person develop strategies to minimise or manage rumination;
- Try not to leave the older person waiting in for a response. Make a quick call, or ask a colleague to do so, to update them. Alternatively, check if the older person uses text messaging or email;
- Encourage the older person to talk to their GP about what they are experiencing, the impact on their mental health, and seek help and support, for example, engaging with counselling services;
- Explore and encourage activities that promote self-soothing and well-being.

11.5 Environmental mastery

Environmental mastery involves individuals having the **skills and resources to navigate everyday life** in the modern world, and having the **ability and confidence to adapt to change.**[115] Individuals who have high levels of environmental mastery feel they have control over their immediate environment and can exercise choice over how they live. In comparison, individuals who have low levels of environmental mastery feel they lack the practical skills and knowledge of their rights. Furthermore, those with low levels of environmental mastery feel they lack the knowledge of the resources available to them, that can facilitate making an informed choice to control change, and improve their circumstances. Research has identified **links between low levels of environmental mastery and depression in older adults**, where individuals felt unable to exercise self-efficacy and personal choice, due to '**welfarised'** approaches.[116]

The research findings from the longitudinal study suggest that levels of environmental mastery are undermined by the **coercive and controlling** behaviours of perpetrators, but our findings show this is particularly significant for older individuals, where societal norms around gender roles and ageist assumptions, are manipulated by an abusive partner or family member.

Where DVA is experienced in long-term heterosexual relationships social expectations may have reinforced marital and parenting roles, supporting perpetrators tactics to take control over multiple areas of the family life. For example, where they lived, how many children they had, when and how they had sex and what they ate. After 40, 50, 60 **years of experiencing little or no control in many areas of their life**, individuals can lose all sense of environmental mastery, reinforced by being told by the perpetrator they "couldn't cope," on their own. Jenny describes:

"I never learnt to drive because he [abusive husband] said I would be no good at it. I now realise that was very convenient for him."

Jenny, aged 85, Dewis Choice client

[115] Ryff, C.D., 2014. Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*, *83*(1), pp.10-28.

[116] Knight, T., Davison, T.E., McCabe, M.P. and Mellor, D., 2011. Environmental mastery and depression in older adults in residential care. *Ageing & Society*, *31*(5), pp.870-884.

Those who have been subjected to coercive control from a young age may have little experience of exercising environmental mastery in their adult life. Older victim-survivors may benefit from long-term support to build confidence in their ability to learn new skills and make autonomous decisions.

When abuse is perpetrated by a family member, such as an adult son, daughter or grandchild, **perpetrators can use their knowledge of the modern world as a tactic to squash the confidence of the older person and create a sense of dependency**. An individual who, in the past, demonstrated high levels of environmental mastery, may find themselves feeling unable to cope, particularly if DVA coincides with bereavement, ill health or disability.

"My husband looked after the finances. When he died, my son said I wouldn't understand how it worked, banking is all online now and he would do it for me. I haven't seen a statement for two years."

Maggie, aged 78 Dewis Choice client

Responses by practitioners, who feel they are making decisions in the 'best interests' of the older person rather than supporting informed choice, can act to reinforce feelings of low environmental mastery. For example, practitioners who may exclusively offer advice and support to access welfare and safety options, and fail to explore justice options and access to domestic abuse services and resources, inadvertently deny the older person the right to make informed decisions.

How to increase environmental mastery

Practitioners can support an older person experiencing DVA to develop their levels environmental mastery by **proactively supporting them to gain knowledge and skills, increasing their confidence and independence**.

Knowledge of services

Ensure when you are talking about services that you clearly explain who they are and what their remit covers. Some older people are fearful of engaging with statutory service such as police, social services and adult safeguarding, through a lack of understanding of their role, a past experience, or a belief services will act without the older person's consent, causing them to lose control of the situation. Practitioners can dispel some of the victim-survivor's fear by **explaining what services can do** to support the older person and help in accessing services.

Knowledge of individual rights

Do not assume the older person is aware of their rights, as the person abusing them may have told them false information. The individual may not be aware they have a right to access criminal and civil processes, jointly held assets, benefits, housing, legal advice, legal

aid, and additional support if they have a disability or health condition. Where possible utilise service providers who can offer specialist advice. **Avoid simply signposting to other services instead, ask if the older person would like help to make and attend appointments with services**. Ensure the older person knows what to take with them to appointments, for example, details of income and finances for benefits applications;

The **Citizens Advice service** is a good starting point for free independent advice and is available in all areas of the UK, accessible by phone, website and face-to-face. Many family law solicitors offer a free 30-minute face-to-face initial consultation with no obligation. By offering to **attend with the older person and act as a notetaker**, they can concentrate on getting the most out of the consultation and feel confident they are going away with all the information they need.

Practical skills and tackling digital exclusion

Ask what practical tasks the older person does not feel confident carrying out, as they may be acting as a barrier to moving forward. For example, managing finances, shopping and cooking, booking a MOT for the car, using public transport, negotiating with service providers.

Many older people can, and do, engage with digital technology. However, for those who have not had the opportunity to develop digital skills, technology can create a barrier to accessing services that are increasingly only available online, including access to benefits. Research revealed that two fifths of councils in England had advised that applications for assistance with rent and council tax benefit could only be made online or by downloading and printing a form.[117] Practitioners should be wary of encouraging older people to rely on family members to access online services that involve having to share sensitive details, particularly around finances, benefits and bank accounts. Overreliance on family members can increase feelings of dependency and low environmental mastery, and **may expose the older person to further abuse.**

Independent agencies can help older people, either with gaining the skills and confidence to use technology themselves or to assisting with online access. Age UK offers Information Technology (IT) training for older people in many regions and local branches of the Citizens Advice can provide independent help with filling out online forms, for example, pension credit and Personal Independence Payment (PIP). Banks may offer the option of telephone banking and can help secure accounts, for example, by removing internet-banking options for an account where the security has been compromised.

[117] Age UK. 2018. Everything is online nowadays: What happens if you want to claim Housing Benefit and Council Tax Reduction and you don't use the internet? [online] available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_may18_everything_is_online_nowadays.pdf

Practitioner key skills recap:

- Avoid acting on behalf of the older person and adopting 'compassionate paternalism';
- Explain what services are available and what they offer;
- Ensure the older person has clear information about their rights and entitlements, so they can make informed choices;
- Do not simply signpost. Ask 'would you like me to book an appointment and go with you/arrange someone to go with you, to access a service?';
- Offer to be a notetaker at appointments, particularly with solicitors, noting key advice and actions;
- Suggest a safe space or place to put all of their documentation;
- Ensure service providers engage with the older person directly, not with you the practitioner;
- Encourage the older person to use a diary (if it is safe for them to do so) to keep track of key information, incidents and appointments;
- Do not make assumptions that someone has the skills and/or confidence to carry out an action, people may have decisional capacity but not executional capacity i.e. the older person is able to make decisions, but may not have the resources and support to enact their decision-making;
- Encourage independence by connecting the older person to independent, trustworthy services who can assist them, rather than relying too heavily on family members.
- Consider whether the older person can access and use a computer? If not, explore whether they would like help to find a computer class?

11.6 Assertiveness and boundaries

Establishing boundaries is an important factor in ensuring a relationship is healthy, positive and feels safe. An individual's personal boundaries can help define the behaviour they find acceptable from others towards them and include respect for personal space, their bodies, opinions and feelings,

belongings, how they choose to spend their time and whom they choose to spend their time with. **Establishing and maintaining boundaries in relationships requires the ability to be assertive with others**, especially those who show a lack of respect for boundaries. Assertiveness is a skill of communication where an individual is able to express their own needs, feelings and opinions, whilst respecting the needs, feelings and opinions of others.

The ability for victim-survivors to be assertive and establish relationship boundaries is consistently undermined by perpetrators of DVA. Often a perpetrator will use coercive and controlling behaviour to intimidate and regulate the behaviour of the victim-survivor, making it impossible to be assertive in any area of their life. **Those experiencing coercive control will be fearful of the consequences of attempting to assert their own needs** for example, the threat of physical harm. For the older person experiencing DVA in a long-term relationship, the fear of physical harm may be increased due to feeling less able to withstand a physical assault. **Real or perceived dependency on an adult family member can also be used to create an imbalance in a relationship** making it impossible to say no to the requests of the abusive person.

"I was in hospital for an operation and there were complications. I was in there for 12 weeks! When I got home she [daughter-in-law] said she had sold my jewellery because the carers allowance had stopped, I was so upset... No, I didn't feel I could say anything, I was living in their house. It just got worse after that..."

Jean, aged 78, Dewis Choice client

The incident above was described to Dewis Choice Wellbeing Practitioner by Jean. It highlights the pattern of emotional and financial abuse Jean was experiencing. Living in her son and daughter-in-law's home, Jean felt unable to assert her own rights, needs and wishes or challenge the lack of respect shown for her personal boundaries. When Jean moved to live independently family members were quick to offer advice and help, including offering to take charge of Jean's finances. The Dewis Choice Wellbeing Practitioner supported Jean to explore her options and develop confidence in her decision-making, including what she did, and importantly **did not want** in terms of support from family members.

Where DVA is a factor, it is the behaviour of the perpetrator that is at fault and not the victim-survivor's ability to be assertive. Encouraging someone to be more assertive with an abusive person could increase their risk. However, after leaving the perpetrator, developing assertiveness skills can help an older person protect themselves from being taken advantage of by others, whilst increasing feelings of independence, confidence and control, which have previously been suppressed by the abuser(s).

How practitioners can promote assertiveness and boundaries

For an older person who has experienced DVA, their ability to exercise assertiveness will be further undermined if well-meaning practitioners tell older people what they should do and

make decisions on their behalf. Practitioners should explore with the victim-survivor their options, whilst **making it clear that the individual is in control of their decision-making. For many victim-survivors who engaged with the service, decision-making was the first step to increasing assertiveness.** Using assertive communication can feel uncomfortable at first when someone is not used to the language, allowing the person to practice being assertive can improve confidence and gives practitioners the opportunity to provide reassurance that they have a right to say to be assertive.

Practitioners should explore with the individual who they feel they can and cannot be assertive with, and practice responses. For example, a person may find it difficult to tell a family member they don't want them to take an action on their behalf. A possible response could be, "Thank you for offering but I am okay with that. What would be really helpful to me is..." or "I would like to start doing that for myself now, but I really appreciated your help with that in the past." It is also important for individuals not to feel self-blame when they don't always succeed in being as assertive as they would like, but to **think of assertiveness as a skill that gets better with practice.**

Establishing healthy boundaries with new people, such as neighbours and potential friends can take practice too. Dewis Choice victim-survivors described how, when engaging with new people shortly after ending a relationship with a perpetrator, they had felt they needed to disclose the abuse to explain to friends and acquaintances why they had ended a relationship or moved home. In some instances this had negative consequences as the subject was then raised during social activities when they did not want to talk or think about DVA and they found it intrusive. Whilst sharing experiences with friends can be validating, and no one should be encouraged to hide abuse, **individuals should not feel they have to explain their experiences** and should be encouraged to take time to get to know new people first.

Using longitudinal data drawn from the lived experiences of older clients and research interviews with a wide range of practitioners, five key areas of wellbeing have been identified as helping to aid recovery. The areas that require practitioner support are: validation, social connectedness, space and self-compassion, environmental mastery, and assertiveness/boundary building. The section has provided examples to how wellbeing can be promoted by practitioners in their everyday practice. It is important to note that practitioners do not have to adopt all five key areas with each of their clients, but should work with the victim-survivor to identify which areas they want to improve. If practitioners do not feel they have the capacity to support victim-survivors, they can refer onto other services.

Practitioner key skills recap:

- Remember that being exposed to DVA can undermine an individual's ability to be assertive and establish healthy boundaries;
- Encourage the older person to make their own decisions by exploring options and offering support, rather than telling them what they should do;
- Explore with the older person whom they feel able to be assertive with and who they do not;
- Remember it could increase risk to encourage someone to be assertive with someone who is abusive;
- Explore with the older person situations where they find it hard to be assertive;
- Practice assertive responses, trying a range of responses to see which they find most comfortable;
- Reassure the older person that assertiveness is a skill that requires practice and will take time to develop;
- Encourage individuals not to self-blame when they feel they have failed to be assertive, but explore what they could do next time they are in that situation;
- Urge caution to older people when considering disclosing information early on in new friendships and reassure it is okay to tell someone they do not want to talk about DVA at that time.

12. Summary

The content for the practitioner guidance is informed by the research findings from the Dewis Choice Initiative. This is the first guidance designed for practitioners directly using empirical research drawn from the lived experiences of older people who engaged with Dewis Choice, a bespoke service. The guidance is also useful for anyone who would like to know about responding more effectively to older victim-survivors of DVA or care-giver stress.

The guidance introduces Dewis Choice, a unique co-produced initiative that combined research with a service that was designed by older people. The Initiative (2015-2019) was developed to address gaps in service provision, policy guidance and informed by research findings from the Centre for the Study for Age, Gender and Social Justice.

The longitudinal research informs the adaption of the Power and Control Wheel (Duluth Wheel), a model that illustrates abusive, controlling behaviours. The guidance also explores a range of relationship typologies including, DVA by intimate partners, adult family members and families of choice, providing an insight into the complex multi-faceted nature of DVA, and perpetrator behaviour in intimate and familial relationships.

Numerous case studies have been included to help practitioners address the multiple needs of older victim-survivors when seeking help and justice. These provide examples as to how DVA may not be recognised, and can be overlooked in the context of a care-giving dynamic. The distinction between care and control can be difficult for practitioners to determine, however, it is important that false assumptions are not made by professionals, for example, the myth that women cannot be coercive and controlling). It is also useful to ask questions using appropriate language to ensure older people have opportunities to disclose.

A major finding from earlier research at the Centre for Age, Gender and Social Justice was that older people are frequently diverted away from accessing justice when they have a right to choose to engage in a range of justice options, be they criminal, civil and restorative options. Dewis Choice was designed specifically to address the justice ‘gap’ and provide client-centred intensive support facilitating informed decision making. Practitioners should not act on behalf of older people, nor make assumptions on what they think is best in the context of DVA.

Research from Dewis Choice found that when older victim-survivors are supported, they often do decide to seek a formal justice response. A common theme from the research was that older people’s justice aspirations are not fixed. Individuals may choose a range of approaches over time, as they become more informed about their rights and entitlements. Many of the clients involved with the Dewis Choice service said the perpetrator had denied them the opportunity to explore their own rights and entitlements, therefore, being

equipped with the knowledge of their rights and entitlements, empowered them to make informed decisions.

It is therefore imperative that practitioners revisit justice options throughout the help-seeking journey. Many of the Dewis Choice clients felt that the process of seeking justice was as equally important as the justice outcome. Thus, effective procedural justice, where professionals keep older people central to the process; ensure they are regularly updated, their concerns are validated and expectations are managed, is key to 'sensing justice.'

The role of adult safeguarding in protecting an 'adult at risk's' right to live in safety, free from abuse and neglect is also included in this guidance. Good practice examples highlight the collaboration involved in adopting a coordinated community response that responds the multiple needs of older victim-survivors. One area of need rarely addressed is the co-existence of DVA and dementia, for professionals, practical guidance and advice has been given on appropriate safety planning and the use of Lasting Powers of Attorney and Deputyships.

Finally, the guidance shares some of the insights drawn from the series of longitudinal interviews conducted on how to support recovery processes in later life. A key message from this guidance is to provide client-led and client-centred support that is age-sensitive but not ageist. There is still much to learn about the experiences of older victim-survivors of DVA and people experiencing caregiver stress, however, this Initiative and the research findings has made a substantial contribution to a new area of learning.

Glossary of terms and definitions

Civil justice: The system of enforcement through a civil court that does not seek to criminalise. For example, the seeking and imposition of a non-molestation order or occupation order, or process and granting of divorce.

Coordinated Community Response: Joins multidisciplinary community partners to provide interagency, coordinated responses to domestic violence and abuse. Through collaborative working victim-survivors achieve a holistic approach that meets their individual needs. Emphasis is placed on safety, prevention and long-term support for victim-survivors.

Criminal justice: The system of law enforcement, involving police, lawyers, court, and corrections, used for all stages of criminal proceedings and punishment.

Deputy: A person appointed by the Court of Protection with legal responsibility to make decisions for a person who lacks capacity to make decisions for themselves, and has not appointed a Lasting Power of Attorney (LPA).

Diversity: Recognition that each individual is unique and has individual differences such as, race, ethnicity, gender, sexual orientation, socio-economic status, age physical abilities, religious or political beliefs, life experiences.

Domestic Violence and Abuse (DVA): Adopting the Home Office (2013) definition that states DVA is "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse; psychological; physical; sexual; financial and emotional.

Domestic Violence Protection Notices (DVPN): An emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim-survivor the immediate support they require in such a situation.

Domestic Violence Protection Order (DVPO): Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim-survivor for up to 28 days. For guidance on DVPO and DVPN see Sections 24-33 Crime and Security Act 2010.

Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Indicator Checklist (DASH RIC): A consistent and simple tool for practitioners who work with adult victim-survivors of domestic abuse, stalking and harassment and honour-based violence to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk.

Family member: A person who is a spouse, former spouse, child, stepchild, grandchild, parent, stepparent, grandparent, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother, sister, brother-in-law, or sister-in-law.

Family of choice (LGBTQ+ chosen family): A person, or group of people, who are not related through a biological or adoptive connection, that an individual sees as significant in their life.

Harmer: Either convicted or non-convicted individuals who use violence and abuse towards partners, ex partners or family members (in line with the definition of domestic abuse).

Independent Domestic Violence Adviser (IDVA): Trained specialist worker who provides short to medium-term casework support for high-risk victim-survivors of domestic abuse.

Lesbian, Gay, Transgender and Queer or questioning their sexual identity (LGBTQ+): An initialism that encompasses a diversity of sexuality and gender identity-based cultures. The + standards for intersex and other.

Local Authority: A county or county borough council.

Lasting Power of Attorney (LPA): A legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Multi-Agency Risk Assessment Conference (MARAC): A meeting where information is shared on high risk domestic abuse cases between representative of local police, health, child and adult protection, housing, Independent Domestic Violence Advisors, probation and other specialist service. The aim of the MARAC is to produce a coordinated action plan to safeguard the adult (and their children) and manage the behaviour of the perpetrator.

Older people: There is no official definition of an older person. However, for the purpose of the Dewis Choice initiative and the initiatives funding bodies, older people are defined as those aged 60 years of age and over.

Older victim-survivor: A term used to describe an older person, aged 60 years and over, who has experienced domestic violence and abuse. The term encompasses 'victims', 'survivors' 'service user'.

Safeguarding (process): The processes in place to protect the health, wellbeing and human rights of adults at risk, enabling them to live free from abuse and neglect.

Safeguarding Officer, Local Authority: A designated officer appointed by a local authority to fulfil the local authority's statutory responsibility to protect the health, wellbeing and human rights of adults at risk.

Social Worker: A person who works for the social services or a private organisation providing help and support for those who need it. For example, carrying out care and support assessments and capacity assessments.

Useful contact numbers

Emergency services

Police, Ambulance, Fire
Emergency calls - 999
(If you call 999 and are unable to speak, coughing or tapping in 55 on the keypad will signal to the call operator that you are in danger, allowing them to send officers to your location)

Police non-emergency calls - 101

Domestic abuse national support & advice

England - 24-hour domestic abuse helpline (Refuge) - 0808 200 0247

Wales - Live Fear Free 24-hour violence against women, domestic abuse and sexual violence help line - 0808 801 0800

Scotland - 24-hour domestic abuse and forced marriage helpline - 0800 027 1234

Northern Ireland - 24-hour helpline for victims of domestic and sexual abuse - 0808 802 1414

Women's Aid (National branches)
Find your local branch at:
https://www.womensaid.org.uk/

Rights of women
Legal advice and information for women including domestic violence and sexual violence.
National line, Tues - Thurs 7 - 9pm, Friday 12pm - 2pm - 020 7251 6577

The Men's Advice Line
National advice line for male domestic abuse survivors.
Monday - Friday 9am - 5pm, Wednesday 9am - 8pm - 0808 801 0327

ManKind Initiative
National help and advice line for male victims of domestic abuse.
Weekdays, 10am - 4pm - 01823 334244

Hourglass
National helpline.
Monday - Friday 9am - 5pm - 080 8808 8141

LGBTQ+ national support and advice

Galop
National LGBT+ domestic abuse helpline, Monday - Friday 10am - 5pm, Wednesday and Thursday until 8pm - 0800 999 5428

LGBT Foundation
Advice, support and information to LGBT communities - 0345 330 3030

BAME national support and advice

BAWSO
24-hour helpline - 0800 731 8147

Southall Black Sister
Helpline Monday, Wednesday - Friday 9:30 - 16:30 - 02085710800

IKWRO
(Help for Middle Eastern and Afghan women and girls)
Monday - Friday 9.30-5.30 - 0207 920 6460

National charities who support older people and their families

Age UK
Support and advice with range of topics including abuse, benefits, hospital stays, care homes etc.
National advice line 8am – 7pm, 365 days a year - 0800 678 1602

Red Cross
National advice line for local contacts and services - 0344 871 1111

Alzheimer's Society
Advice and support for people with dementia, family and friends and professionals - 0330 333 0804

Royal Legion
Support for veterans and their families
National number for local contact and services - 0808 802 8080

MacMillan Cancer Support
Physical, emotional and financial support
National advice line, 8am - 8pm 7 days a week - 0808 808 0000

Benefits advice

Age UK
National advice line 8am - 7pm, 365 days a year - 0800 678 1602

Citizens Advice Bureau
Advice with claiming benefits, debt, consumer issues, housing.
National phone service Monday - Friday, 9am - 5pm - 03444 111 444

Pension Credit claim line
(gov.uk) - 0800 99 1234

Mental Health national support and advice

MIND
Advice and support for anyone experiencing a mental health problem
Info line to connect to local services, 9am - 6pm Mon - Fri - 0300 123 3393

Samaritans
Help line, 24 hours 7 days a week - 116 123

Cruse Bereavement Care
Emotional support to anyone affected by a bereavement.
Mon & Fri 9.30am - 5pm, Tues, Weds & Thurs 9.30am - 8pm - 0808 808 1677

Animal charities

RSPCA Pet Retreat
Foster placements for pets - 0300 123 8278

Dogs Trust Freedom Project
Foster placements for dogs - 08000 298 9199

Rights of older people

Older People's Commissioner for Wales
Protects and promotes the rights of older people throughout Wales - 03442 640 670

Commissioner for Older People for Northern Ireland
Safeguarding and promoting the interests of older people in Northern Ireland
028 9089 0892

Office of the Public Guardian
Helps people to stay in control of decisions about their health and finance and make important decisions for others who cannot decide for themselves
England and Wales - 0300 456 5780
Scotland - 01324 678349

Office of Care and Protection Northern Ireland - 0300 200 7812